

26-45 M.R. 2

THE

CANADIAN HOSPITAL

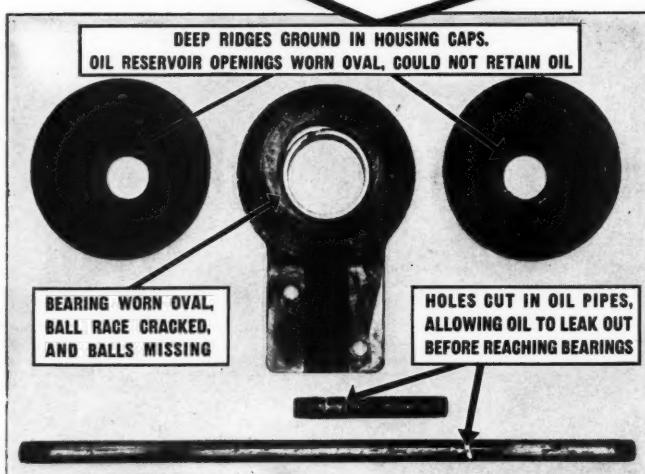
TORONTO, APRIL, 1943

OFFICIAL JOURNAL • CANADIAN HOSPITAL COUNCIL



**A BOMB
THAT MIGHT HAVE
SUNK AN
AXIS SHIP
WAS NEVER MADE**

Because Neglect Caused
This



The

FOR VICTORY
Throw Your Scrap
into the Fight!

● Manufacturers of laundry machinery furnish instructions for proper installation, operation and maintenance of their machines. If you haven't these instructions, write the manufacturer for them . . . right away.

CANADIAN LAUNDRY MACHINERY COMPANY LIMITED
47-93 STERLING ROAD, TORONTO

**3 IMPORTANT RULES
FOR PROPER CARE OF YOUR LAUNDRY EQUIPMENT**



OIL AND GREASE
YOUR MACHINES
—REGULARLY



CLEAN AND WIPE OFF
ALL DUST AND LINT
—REGULARLY



INSPECT AND ADJUST
EVERY MACHINE
—REGULARLY



FROM X-RAY THERAPY TO X-RAY INSPECTION OF WAR MATERIALS



NOT until the needs of war pressed for mass production and fast deliveries did industry fully appreciate that the evolution of medical x-ray apparatus had paved the way for x-ray inspection of critical war materials—from small aluminum castings up to an 8-inch thickness of steel.

To assure safer and superior planes, guns, ships, and tanks, Uncle Sam insisted on x-ray inspection, at the same time stipulating that it must be accomplished without appreciably slowing down production. This, of course, required that apparatus be specially designed for each type of x-ray inspection.

Accordingly, G. E. engineers developed a number of industrial x-ray units which have proved not only timely, but also a boon to war industries, for in some instances the equipment has actually helped to accelerate production.

In G-E industrial x-ray equipment, too, the advantages of complete oil-immersion are obtained,

as in the famous G-E Maximar shockproof x-ray therapy unit. Note how this principle has been adapted to a mobile industrial unit for x-ray inspection of welds.

To withstand the gruelling service demanded of G-E industrial x-ray units—many are operating 24 hours a day—obviously called for new engineering achievements. And by applying them also to G-E medical x-ray apparatus, the profession likewise is bound to benefit.

The War Production Board
sanctions the purchase of
x-ray equipment by civilian
hospitals, clinics, and
physicians, where evidence
of its urgent need
justifies the use of critical
materials involved.

VICTOR X-RAY CORPORATION of CANADA, Ltd.

DISTRIBUTORS FOR GENERAL ELECTRIC X-RAY CORPORATION
TORONTO: 30 Bloor St., W. • VANCOUVER: Motor Trans. Bldg., 570 Dunsmuir St.
MONTREAL: 600 Medical Arts Building • WINNIPEG: Medical Arts Building

Today's Best Buy - Mer Savings Certificate

CUT COST\$



Use
GENUINE

HYPROKRAFT TOWELS

...for greater absorption
...for greater "wet strength"
...for lower towel costs



HyproKraft Towels are the results of three years of research and experimentation, the objective of which was to produce a paper towel that would not only cut laundry costs but would be more economical than other existing paper towels.

HyproKraft Towels are an achievement . . . now accepted and in use in thousands of public buildings, hospitals, offices, factories, service stations, hotels . . . and homes . . . throughout Canada . . . where economy and satisfaction are most desired.

You can cut your costs . . . and know real satisfaction by switching to HyproKraft. Insist on the genuine HyproKraft Towels, identified by the Hypro tab on each roll.

Get in touch with our nearest branch *today!*

Hygiene



Products
LIMITED

Montreal

Saint John Quebec Ottawa Kingston Hamilton
Windsor Fort William Winnipeg Calgary Vancouver

Hypro Cups . . . Hypro Toilet Seat Covers . . . Liquid Soap
Toilet Paper . . . Paper Specialties . . . Hospital Supplies

"The Canadian Hospital"

Official Journal of the
Canadian Hospital Council

Vol. 20

APRIL, 1943

No. 4

CONTENTS

Social Security Proposals Now Before Federal House	13
Should Hospital Employees Come Under Compensation?	17
<i>A. W. Heise</i>	
Flowers in Hospitals	18
Paintings by Sir Frederick Banting	20
The Education of Hospital Housekeepers (Part 2)	22
Model Health Centres Proposed by B.M.A. Planning Commission	24
With the Hospitals in Britain <i>"Londoner"</i>	25
Obiter Dicta	26
Comparison of Marsh and Beveridge Reports	28
Men with Remediable Defects to be Enlisted Before Treatment	29
Noise Disturbance in Hospitals	30
Here and There	32
<i>The Editor</i>	
Correspondence	34
Amalgamation of Alberta Hospital Associations Discussed	36
With the Auxiliaries	36
Book Reviews	44



Subscription Price in Canada, United States, Great Britain and Foreign, \$2.00 per year. Additional subscriptions to same hospital, each \$1.00.

Authorized by the Post Office Department as Second Class Matter. The Canadian Hospital is published monthly by The Canadian Hospital Publishing Co., 57 Bloor St., West, Toronto, Ontario.



Before Spinal Anesthesia

inject this fast vasopressor for prolonged maintenance of blood pressure without appreciable cardiac disturbances

Neo-Synephrin Hydrochloride

(laevo-alpha-hydroxy-beta-methyl-amino-3 hydroxy ethylbenzene hydrochloride)



Supplied in 1 c.c. ampules,
and in rubber-capped vials
containing 5 c.c. of a sterile
1% solution. Average sub-
cutaneous dose: 0.5 c.c.

Frederick Stearns & Company
OF CANADA, LIMITED



Since 1884... ESSENTIALS OF THE PHYSICIAN'S ARMAMENTARIUM

NEW YORK KANSAS CITY SAN FRANCISCO DETROIT, MICH. WINDSOR, ONTARIO SYDNEY, AUSTRALIA AUCKLAND, NEW ZEALAND

MILK MODIFIERS

of Proven Excellence FOR INFANT FEEDING



CROWN Brand and Lily White Corn Syrups are well known to the medical profession as a thoroughly safe and satisfactory carbohydrate for use as a milk modifier in the bottle feeding of infants.

These pure corn syrups can be readily digested and do not irritate the delicate intestinal tract of the infant.

Either may be used as an adjunct to any milk formulae.

Crown Brand and Lily White Corn Syrups are produced under the most exacting hygienic conditions by the oldest and most experienced refiners of corn syrups in Canada, an assurance of their absolute purity.

CROWN BRAND and LILY WHITE CORN SYRUPS

(now sold in 3½ lb. bottles)

Manufactured by

THE CANADA STARCH COMPANY Limited
Montreal and Toronto

FOR DOCTORS ONLY

A convenient pocket calculator, with varied infant feeding formulae employing these two famous corn syrups . . . a scientific treatise in book form for infant feeding . . . and prescription pads, are available on request, also an interesting booklet on prenatal care. Kindly clip the coupon and this useful material will be mailed to you immediately.

THE CANADA STARCH CO. Limited

Montreal

Please send me

- FEEDING CALCULATOR.
- Book "CORN SYRUPS FOR INFANT FEEDING."
- PRESCRIPTION PADS.
- Book "THE EXPECTANT MOTHER."
- Book "DEXTROSOL."

Name

Address

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association.

EXECUTIVE OFFICERS

Honorary President:

THE HONOURABLE IAN MACKENZIE, Minister of Pensions and National Health, Ottawa.

Honorary Vice-President:

F. W. ROUTLEY, M.D., National Director, Red Cross Society, Toronto.

President:

GEO. F. STEPHENS, M.D., Superintendent, Royal Victoria Hospital, Montreal

First Vice-President:

HERBERT G. WRIGHT, Halifax, N.S.

Second Vice-President:

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital

Executive:

A. F. ANDERSON, M.D., Superintendent, Royal Alexandra Hospital, Edmonton.

J. H. ROY, Esq., Superintendent, Hôpital St-Luc, Montreal.

Secretary-Treasurer:

HARVEY AGNEW, M.D., Secretary, Department of Hospital Service, The Canadian Medical Association, 184 College St., Toronto.

EDITORIAL BOARD

HARVEY AGNEW, M.D., Toronto,
EDITOR

R. FRASER ARMSTRONG, B.Sc., Superintendent, Kingston General Hospital.

MISS PRISCILLA CAMPBELL, Superintendent, Public General Hospital, Chatham, Ont.

BRUCE CHOWN, M.D., Superintendent, The Children's Hospital of Winnipeg, Winnipeg, Man.

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital.

S. R. D. HEWITT, M.D., Superintendent, Saint John General Hospital.

R. LAPORTE, Esq., Superintendent, Hôpital Notre-Dame, Montreal.

MISS A. J. MacMASTER, R.N., Superintendent, Moncton Hospital.

MISS EDNA M. RAYNOR, Saskatoon (Dietetics Editor).

PUBLICATION COMMITTEE

A. J. SWANSON, Superintendent, The Toronto Western Hospital,
CHAIRMAN

J. H. W. BOWER, Superintendent, Hospital for Sick Children, Toronto.

GEO. A. MacINTOSH, M.D., Superintendent, Victoria General Hospital, Halifax.

CHARLES A. EDWARDS, Business Manager, The Canadian Hospital Publishing Co., 57 Bloor Street West, Toronto.



BAXTER LABORATORIES OF CANADA, LIMITED, ACTON, ONT.

Sole Canadian Distributors:



INGRAM & BELL
LIMITED

PHARMACEUTICALS, SURGICAL INSTRUMENTS, PHYSICIANS, HOSPITAL
and LABORATORY SUPPLIES

TORONTO

- MONTREAL

- WINNIPEG

- CALGARY

Take a Hint from Joe

ON THE CARE OF LINOLEUM!



With proper care your linoleum floors will last a lifetime. Says Joe: "A linoleum floor is the easiest to clean and the easiest to take care of. A wax and a polish once a week and light mopping in between is all you have to do. Do this—and you'll never have to scrub or scour."

Linoleum is in big demand today for war purposes—for Navy, Army and Air Force establishments—so take good care of the linoleum you have. Write for our booklet on the care of linoleum.

DOMINION OILCLOTH & LINOLEUM
COMPANY LIMITED MONTREAL

DOMINION *Battleship* LINOLEUM



IN WARTIME, your position as a business or industrial executive places a new and grave responsibility on your shoulders. In the coming Victory Loan your purchase of bonds will set an example for your associates and for many who do business with you.

Because the National War Finance Committee recognizes these facts, it is believed that you should know the aims and objects of the forthcoming loan and what the responsibility of Canadian citizens will be toward it.

First, the 4th Victory Loan will have the highest objective of any war loan in our history.

Second, more people—men, women and

children—will have to make victory bond purchases in order to reach the objective.

Third, bond buyers generally, will have to stretch their resources a point further and buy their bonds in larger denominations.

So plan now, in these weeks prior to the opening of the 4th Victory Loan, to buy larger Victory Bonds for yourself or for your business; and to extend your personal victory bond purchases to include all members of your family.

In this way, you will not only discharge your personal obligation to Canada's war effort to the best of your financial ability, but also, by example you will discharge the obligation which settles on the shoulders of the nation's executives during wartime.

NATIONAL WAR FINANCE COMMITTEE

‘Cellona’ *The New and Improved*

PLASTER OF PARIS BANDAGE

‘Cellona’ Plaster of Paris Bandages are thoroughly and uniformly impregnated with plaster of paris by a new process which ensures that every bandage is perfect. ‘Cellona’ contains 90% of plaster by weight and there is no loose powder. Moistening takes only 5/10 seconds and the cast will set hard within 5/10 minutes.



‘CELLONA’ Plaster of Paris Bandages used for making the standard Colles’ Plaster; the lightness and rigidity without bulk ensure an ideal cast.



‘CELLONA’ Plaster of Paris Bandages, with a Bohler walking iron, being used in the construction of a below knee cast, the great strength of which will permit immediate weight bearing.

Cellona

TRADE MARK

Distributors: SMITH & NEPHEW LTD.
378, St. Paul Street West, Montreal.

Made in England by T. J. SMITH & NEPHEW, LTD., HULL.

URINE-SUGAR TESTING BECOMES A MATTER OF SECONDS WITH . . .

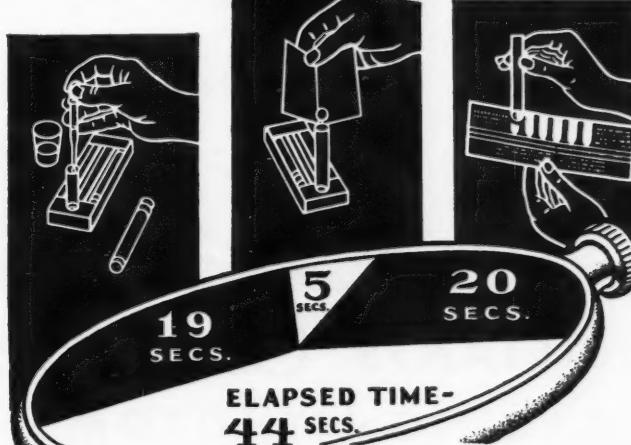
CLINITEST

The New Tablet Method

1 5 drops urine
plus
10 drops water.

2 Drop in tablet.

3 Allow for reaction
and compare with
color scale.



DEPENDABLE RESULTS—Clinitest Tablet Method is based on same chemical principles involved in Benedict's test . . . except . . . no external heating required, and active ingredients for test contained in a single tablet. Indicates sugar at 0%, $\frac{1}{4}\%$, $\frac{1}{2}\%$, $\frac{3}{4}\%$, 1% and 2% plus.

A PRACTICAL ECONOMY—
Complete set (with tablets for 50 tests).
Retails to the patient for \$2.00. Tablet Refill (for 75 tests)—\$2.00.

Write for full descriptive literature.

Clinitest Urine-Sugar Test and Clinitest Tablet Refill are available through your surgical supply house or your prescription pharmacy.

EFFERVESCENT PRODUCTS INC.

Sole Canadian Distributors

FRED. J. WHITLOW & CO., LTD., 187 DUFFERIN STREET, TORONTO

TORCH-BEARERS OF SURGERY . . . WILLIAM CHESELDEN



**AWED ASSISTANTS "Clocked" HIS
AMAZING LITHOTOMY**

March 27, 1727 . . . and William Cheselden, English surgeon, is about to perform a history-making lateral lithotomy. Deftly he sinks his scalpel into the flesh of the suffering patient; swiftly and surely his skilled fingers explore the deep wound. Unerringly he applies his new technique, including the use of a grooved staff, a long gorget, and blunt forceps.

Now the large, gleaming white stone is

dexterously removed . . . the wound is sutured. And awed assistants, who have been "clocking" the operation, announce that it has taken only 1 minute and 15 seconds.

Cheselden, with this operation, established his own reputation and with it a new goal for surgeons. Not only in lithotomy, but in iridectomies and operations on the antrum, he brought new light to the science of surgery.

In designing plumbing fixtures for hospitals, Crane looks to leading surgeons and scientists for advice and collaboration. For Crane Limited believes that only the most authoritative findings must guide the manufac-

turer whose products are so intimately concerned with maintaining proper aseptic conditions. This company is proud of the trust which surgeons have reposed in it . . . and is determined to fulfill this trust faithfully.

CRANE

CRANE LIMITED: Head Office: 1170 Beaver Hall Square, Montreal
NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS and PLUMBING and HEATING CONTRACTORS

VALVES • FITTINGS
PIPE • PLUMBING
HEATING • PUMPS

Harvey Agnew, M.D., Editor

Toronto, April, 1943



Vol. 20

No. 4

Social Security Proposals Now Before Federal House

Select Committee studying details of Health Insurance and Social Security

TWO far-reaching plans which would affect the lives of every present and future citizen of this country were announced on March 16th to the Special Committee on Social Security of the House of Commons. These were the proposed Health Insurance measure which it is anticipated may become an enactment at this session and the still more far-reaching but less completely worked out plan for Social Security, proposed as a basis of study for subsequent legislation.

1. HEALTH INSURANCE

This comprehensive plan of contributory health insurance was submitted to the Special Committee by the Hon. Ian Mackenzie, Minister of Pensions and National Health. As frequently noted in these pages, a Drafting Committee under the chairmanship of Dr. J. J. Heagerty, Federal Director of Public Health Services, has been working for many months, studying measures elsewhere, consulting representative groups and drafting the many sections of the

measure. Much of the detail work has been done by Mr. A. D. Watson, Chief Actuary of the Department of Insurance and Mr. W. G. Gunn, D.P. N.H. Solicitor.

Six Principles

The six principles underlying the plan, as stated by Mr. Mackenzie are:

1. That no scheme of health insurance can be successful without a comprehensive public health programme of a preventive nature.
2. That a real health programme as distinguished from a policy of cash benefits can be effective only if it embraces the entire population.
3. That the principle of compulsory contributions should be embodied in any plan of health insurance to the greatest possible extent.
4. That public opinion and efficiency demand to the greatest possible extent a national plan.
5. That the constitution, as at present understood and interpreted, prevents the dominion parliament

from adopting a single comprehensive national Health Insurance Act.

6. That, for practical reasons, a constitutional amendment is not desirable.

Highlights

Highlights of the proposed measure are:

The measure would be a joint Dominion-Provincial one, the provinces administering schemes towards which the Dominion would make financial grants provided the provincial plans conform to a federally approved pattern.

Preventive medicine and public health education are to be featured. As proposed, it would be the most ambitious programme of preventive medicine yet undertaken anywhere.

The plan would cover the entire population — employed and unemployed, master and servant, farmer and industrialist, the working adult, the aged, the indigent and the children.

Nevertheless, the way is left open

for a province to limit benefits to those having less than a certain income ceiling. The Committee's report favours total coverage but does not make this compulsory upon the province.

The measure includes a model provincial bill for the guidance of the provinces. This model provincial bill embodies compulsory and contributory principles. Children would be included without additional contributions by their parents. Cash benefits are not included.

Benefits

Every person would receive full medical care — diagnostic and curative, general practitioner and specialist—hospital care, nursing care and partial dental care.

Free choice of physician—and vice versa.

Free choice of hospital; full use of voluntary hospitals. General ward accommodation will be standard.

Higher priced hospital accommodation (private or semi-private) may be obtained upon payment of the difference in charges.

The medical profession and the provincial health administration shall decide whether doctors shall be paid on a "fee-for-service" or on a "capitation" basis.

Drugs will be supplied, preferably from a comprehensive list of standard medicines.

Dental service will be incomplete at first due to the limited number of dentists available. Therefore there will only be provided free service to all children up to a prescribed age (possibly 16) and travelling clinics to serve rural areas.

Public Health Programme

"No aid shall be given unless the province also agrees to undertake a *general public health programme* approved by the Dominion."

The province must maintain health services covering some 24 subjects enumerated in Schedule A to the model provincial bill. These are:

Standard preventive measures for the prevention and treatment of communicable disease.

The provision of expert advisory services.

The adoption of a programme of

One great benefit that will accrue from this proposal is that the day of hospital deficits and hospital grants will come to an end. Every patient will be a paying patient and the province and municipality will no longer have to make good the cost of indigents and non-paying patients.

public health education through local voluntary agencies.

A mental hygiene programme.

The establishment of control services with respect to communicable diseases.

The sanitary supervision of premises.

The establishment of nutritional services.

The maintenance of public health laboratories.

The establishment of sanitary engineering services.

The collection and dissemination of vital statistics.

Supervision of hospitals and sanatoria.

The provision of dental inspection for children.

The adoption of child and maternal hygiene services.

The supervision of sanitation and health environment in industry.

Quarantine inspection to prevent the introduction of communicable diseases into the province.

Provision of public health nursing services.

Adoption of health regulations with regard to housing.

An adequate venereal disease programme.

A programme for the prevention, detection and treatment of tuberculosis.

Cancer clinics.

Preventive and diagnostic services for the early detection of heart disease in children.

Medical inspection in the schools.

Investigations of epidemics.

Research services.

Preventive Health Measures

In addition to health insurance benefits and the public health programme outlined above, there is proposed a programme of *preventive health measures*. These are to be of six specific types.

1. Free treatment, including hospital construction, for tuberculosis;

2. Free treatment, including necessary hospital construction, for those with mental illness or who are mental defectives;

3. Prevention and free treatment of venereal disease;

4. Training facilities in public health work for physicians, engineers, nurses and sanitary inspectors;

5. The undertaking of special investigations concerning public health;

6. Undertaking of a programme of physical fitness development for youth.

The above six are optional but, if undertaken, the Dominion is prepared to give assistance.

Costs and Contributions

The cost of illness in 1935 was \$240,500,000. This figure was adjusted to the 1938 population, the basis used.

If the total cost be distributed over all adults 16 years and over, the result is \$26.45 per capita per annum. Say \$26.00 or 50 cents per week.

A man would be expected to pay for adult dependents, but he would not be asked to pay the full \$26.00 if that sum exceeded 3 per cent of his income. Therefore a man earning \$866 would pay \$26 but one earning less would pay less—3 per cent of his income. The difference would be paid by the employer.

A married man (or anyone with one dependent) would pay a minimum of 7/10 of one per cent of his income towards the insurance of his wife or other dependent (in addition to 3 per cent for his own insurance). The residual amount would be paid by the province (a share of which would be borne by the Dominion). Therefore a married man earning less than \$866 pays 3.7 per cent of his income.

The man earning between \$866 and \$1,400 pays the full \$26 on his own account and .7 per cent on his wife's account. But he will also pay on be-

half of his wife the amount by which 3 per cent of his income exceeds \$26.

The man earning \$1,400 or over pays the full \$52.

The man earning \$1,800 with two dependents would pay a total of \$78, or 4.3 per cent of his income. If income be less than \$1,800 he will pay 1.3 per cent towards the premiums of the two dependents and, in addition, the amount by which 3 per cent of his income exceeds \$26.

The parents of a family of ten will have no greater costs than the childless family.

Assessment of Non-Wage Earners

Annual assessments will be made in the case of farmers, retired people, small merchants, professional people and others. This will be based on actual cash income plus an estimated 3 or 3½ per cent earning power on property. This will meet the situation for farmers. Dependents will be calculated as above.

Public Health Grants

These would be at the rate of 25 cents per capita.

For the treatment of tuberculosis and mental disease, this grant would be at the rate of one-ninth of the provincial expenditure.

For venereal disease control the Federal grant would be at the rate of 1.7 cents per capita.

Grants for professional training purposes and for scientific investigation should be at the need of the provinces. The respective amounts proposed are \$100,000 and \$50,000. As the permanent basis of grants for a physical fitness programme, 22 cents per capita is recommended. This would make a total sum to all provinces of \$232,774.

The total public health grants to all provinces would be \$6,527,167.

Administration

Provincial administration shall be by a Commission consisting of a salaried chairman who shall be a qualified medical man and who will be the chief executive officer. Other members will be the provincial health officer, or Deputy Minister of Health, and representatives of the medical practitioners, the dental practitioners, pharmacists, hospitals, nurses, insured persons, workers in industry,

employers, agriculturists and such other groups as may be deemed appropriate—all to be appointed by the Lieutenant-Governor-in-Council.

Federal

Since the duties of the Federal Government will be confined to the administration of grants, it is considered that no corporate commission need be created.

It is recommended that there be a division of health insurance in the Department of Pensions and National Health to carry out the necessary inspectorial and co-ordinating functions. There is also proposed a National Council of Health Insurance, consisting of the Director of Health Insurance in the Department of Pensions and National Health, the Deputy Minister of Health from each province, the chief administrative officer of health insurance for each province, and representatives of the various professions, contributing and benefiting groups, very much as suggested for the provincial commissions.

National Fitness

A national programme of physical fitness for youth is proposed. A national council of physical fitness, consisting of a full-time director and nine members, one for each province, is suggested. A fund of approximately \$250,000 is proposed, of

which \$25,000 would be required for the organization activities of the national council.

Estimate of Revenues and Costs

	Per Cent
Employees	\$ 63,542,000 24.8
Employers	24,172,000 9.4
Assessed Contributors	37,036,000 14.5
	124,750,000 48.7
Public Treasury	
(Provincial and Federal)	131,436,000
Deduct grants to hospitals	15,000,000
and other costs now borne	(\$15,000,000) 116,436,000
Additional grant for public health	7,000,000
If Dominion grant be one-sixth:	
By Dominion (plus public health)	40,352,000
By Provinces	76,084,000
If Dominion grant be two-ninths:	
By Dominion (plus public health)	53,803,200
By Provinces	62,632,800
If Dominion grant be one-third:	
By Dominion (plus public health)	80,704,800
By Provinces	35,731,200

In Mr. Mackenzie's report to the Select Committee various alternative methods for computing the costs were considered. The division of costs between Dominion and provinces will be the subject of further discussion.

Administrative cost was estimated at 10 per cent.

Irrespective of the formula to be adopted, it is estimated that employees, employers and assessed contributors will provide 48.7 per cent of the overall, leaving 51.3 per cent to be made up by the Dominion and the provinces.

"Perhaps the culminating achievement of the committee, aside from the draft proposal which constitutes its report, was the unprecedented assembling between annual conventions for the first time in 75 years of the general council of the Canadian Medical Association in Ottawa, on January 15, when this great and influential body formally went on record in favour of the principle of health insurance. That decision was not reached until after the members had familiarized themselves quite thoroughly with the general principles of the committee's report. The resolution is not to be interpreted as an endorsement of this or any other specific plan. The Medical Association reserved its right to comment on any particular provisions, but it was nevertheless a great milestone in the path of progress in Canada when the medical profession of Canada, through its general council, formally pledged itself to the principle of health insurance.

In the circumstances, the resolution is indeed an inspiring tribute to the Advisory Committee presided over by Dr. Heagerty, for, had the main principles of the proposal as outlined to the meeting by Dr. Heagerty not been in line with the high standards of the medical profession, no such resolution could, or would have been adopted and published."

—Hon. Ian Mackenzie.

2. SOCIAL SECURITY

(The Marsh Report)

This report on social security, although tabled on the same day as the Hon. Minister outlined his health insurance measure, is quite separate and apart from the health insurance draft prepared by Dr. Heagerty and his Committee as outlined above.

The social security measure was prepared and signed by Dr. Leonard C. Marsh, Research Advisor to the Committee on Reconstruction of which Principal James is chairman, and was tabled for further consideration only. This report was prepared pursuant to instructions issued to the Committee on Reconstruction by the Hon. Mr. Mackenzie as chairman of the cabinet Committee on Demobilization and Re-establishment.

The Report sets out:

- (a) The main features of relevant social legislation already existing in Canada.
- (b) The methods by which these may be improved or reformed "particularly by transformation to a contributory social insurance basis".
- (c) The principles which should be considered if a comprehensive social security system is to be undertaken in the most effective manner.

The Report

This "Beveridge Report for Canada" would provide for the extension of the present system of social legislation to include:

(1) *Health Insurance*. This would be of a compulsory nature and would be along the lines presented in the draft of health insurance by the other Committee. This would be on a provincial basis, assisted by the Dominion and would be at an estimated over-all cost of \$256,000,000.

(2) *Increased unemployment insurance benefits*. The present benefits under unemployment insurance for workers with dependents would be raised to a figure 50 per cent above the benefits to single persons. Unemployment assistance to uninsured persons would be at rates about 10 per cent less than the benefits paid under unemployment insurance.

(3) *Children's Allowances*. Although proposing a basic minimum

income which would permit \$14.50 for each child, Dr. Marsh recommends a lower amount—\$8 or \$9 a month—as children's allowances as a beginning, working up if necessary to the higher figure. This would be coupled with the abolition of the present income tax exemptions for dependent children.

(4) *Sickness Benefits* to be provided on a basis comparable to that of unemployment insurance.

(5) *Maternity Benefits* to be provided for employed women only, on the same basis.

(6) *Old-Age Pensions*. The present non-contributory old-age pensions

It is yet to be proved that a democracy which underwrites a social minimum for its citizens is any weaker or less wealthy in doing so.

would be continued on the basis of need, with the following changes:

- (a) Lower eligible age from 70 to 65 for men and 60 for women;
- (b) Increase the minimum pension from \$20 to \$30 a month;
- (c) Provide a premium for those postponing retirement later than the eligible age;
- (d) Provide a stricter means test.

(7) *Retirement Pensions*. For all persons young enough to make a certain number of pension fund contributions before retirement, there should be instituted a new contributory retirement pension, payable regardless of need at the same age level and at a rate of \$30 a month for an individual and \$15 a month extra for a married man.

(8) *Permanent Disability pensions* should be provided at the same \$30 and \$15 rate, payable at earlier ages on proof of unemployability.

(9) *Survivors' Pensions for widows*. These would be provided on the same scale as old-age pensions.

(10) *Funeral Benefits* would be provided at \$100 for adults, \$65 for juveniles and \$25 for children.

(11) *The basic minimum income* which is the objective in the Report is \$30 a month for an individual, \$45

for a married couple and \$14.50 for each child.

Costs

Approximately one-half of the annual cost of this plan (\$1,000,000,000) would be obtained in direct contributions from the employers and from the persons who would benefit under its provisions. The balance of the cost would be a charge on the tax revenue of the country. This \$1,000,000,000 would include the cost of health insurance. The contributory principle now applicable in unemployment insurance would be applied, and on a wider scale, to health insurance and to retirement and old-age pensions. The social security programme would be available to all, regardless of age, occupation, place of abode or sex.

The likely *contributions* have been set at from 75 to 90 cents a week from farmers and other rural groups, 75 cents to \$1.85 a week from employees on different wage levels and an average of about 90 cents a week for each employee from employers.

Conversion Period

In addition to the billion dollars proposed for the benefits outlined above, it is recommended that there be an outlay of a second \$1,000,000,000 during the first year after the war on works projects designed to fill the gap between demobilization and the restoration of the national economy to a peacetime basis.

Military Medical Services Now Being Surveyed

Military as well as civilian medical arrangements are being checked up under the National Health Survey now being conducted by the Medical Procurement and Assignment Board. A special committee, made up of civilian, army, navy, air and pensions representatives is now examining the organization of military camps and institutions to see if medical and technical manpower are being used to the fullest advantage.

The chairman of the Committee is Dr. A. E. Archer, of Lamont, Alberta, president of the Canadian Medical Association, and the vice-chairman is Dr. George F. Stephens, of Montreal, president of the Canadian Hospital Council.

Should

Hospital Employees Come Under Compensation



By A. W. HEISE, Commissioner,
Workmen's Compensation Board, Saskatchewan

HOSPITALIZATION in the Dominion of Canada during the last quarter century has become big business and highly commercialized. Therefore, with this very rapid change, new responsibilities in connection with your employees have come about, for both your and their protection.

During this same period Workmen's Compensation Boards throughout Canada have been established to care for industrial and commercial employees in case of accidents. The Province of Saskatchewan was the last province to accept this new legislation back in 1930, but it was the first, we believe, to accept hospitals as an individual group and classification.

A year ago, at the request of the Saskatchewan Hospital Association, the Saskatchewan Board made arrangements to give hospital employees protection on a *voluntary* application basis, that is we did not force the hospitals to cover their employees. Practically half of the hospitals have made application for coverage, and others are allowing their private insurance to expire before making application. The initial rate of assessment set by our Board was 50 cents per \$100 of pay roll, and while it is too early to give any figures of experience it would seem that this rate will in two or three years be sufficient to build up the required reserve so that the hospital group could take care of any contingency, with a reasonable expectancy of a reduced rate.*

*The printing trade of our province has always enjoyed the lowest rate, around 15 to 20 cents per \$100.00 of payroll. Of course, the more hazardous industries such as lumbering, mining, etc., have rates of from \$8.00 to \$10.00 per \$100.00.

NO

Advantages of Compensation Plans

- courts.
- technicalities.
- lawyers.
- private insurers.
- waivers.
- assignments.
- closed cases.
- medical controversies.
- protracted delays.
- scheduled disabilities.
- limit to time or amount of compensation.
- limit to time or cost of medical aid.
- failure of compensation because of employer's default.
- lump sum settlements.
- contribution by workmen.
- adversary relationship between employer and employee.
- ruinous individual employer liability.
- commissions.
- profits.

Advantage to Hospitals

As a hospital, you are in more or less constant fear of some unexpected charges being made to your institution by way of Common Law action. The words "No courts" mean that Common Law action is eliminated when an accident happens to a workman. The claimant is immediately under our jurisdiction, the Board pays compensation on the usual basis, as well as medical aid and hospitalization, and neither you nor your employee have any Common Law rights except through the Compensation Board. The cases may be appealed from time to time to the Board, and the Board's jurisdiction really

amounts to petty Court and Supreme Court combined. Under the old method the employers were in constant fear of heavy judgments being passed against them. When this did not happen the injured workman carried the amount of damage himself, in many cases with a major handicap throughout life. During the period of his illness and while awaiting Court action he was unable to pay his medical and hospital bill, or to receive any income.

W. C. B. Advantages

Workmen's Compensation Boards across Canada are in principle prac-
(Continued on page 36)



Flowers in Hospitals

Choice, Preparation and Care

(Condensed from *Hospital Management*)

IN these days of personnel shortages, it is important that patients who get flowers should receive them in such form as to make their care as easy as possible.

Hospitals, revising their schedule for visitors to alleviate the burden on personnel as much as possible, also have in many instances taken steps to publicize ways in which friends can indicate their regard for patients without putting a drag on hospital routine.

"The flowers which may act as irritants to cause nasal symptoms are the following," commented one ear, nose and throat physician: "small chrysanthemums, sunflowers, golden-rods, etc. These are named in addition to the ragweeds which are present during the fall. These pollens are transferred by air only in rare cases, being more of the insect-borne type. Some that grow in water, of course, are transferrable by way of that medium but there is no decimation by air and consequently it could not cause hayfever symptoms.

"In flowers which are sent to hospital rooms, a drying-out process may occur which would permit some of the dry leaves to be air-borne. When the breaking-up of the leaves occurs, a dust-like powder may be formed which could be blown around the room and act as an antigen or an irritant causing symptoms. It is to be emphasized that only allergically inclined patients would be susceptible to these air-borne irritants."

List Banned Flowers

A comprehensive list of flowers and grasses which doctors recommend be kept out of hospitals, especially during the rose-cold and hayfever seasons, printed in the Florists' Telegraph Association's magazine, *The F.T.D. News* follows:

The above photograph is of the attractive and well-equipped "Flower Shop" in the Private Pavilion of the Toronto General Hospital. Miss E. Woolams is in charge. (Photograph by Mrs. Leonard Shaw.)

Ambrosia elatior (Ragweed).

Artemisia frigida (Wormwood sage)..

Aster ericoides (White heather aster).

Aster novae-angliae (Michaelmas Daisy).

Carya ovata (Hickory).

Centaurea Cyanus (Cornflower). Ipomea purpurea (Morning Glory).

Iva ciliata (Marsh elder).

Juglans nigra (Black walnut).

Juniperus virginiana (Red cedar).

Poa annua (Meadow grass).

Chrysanthemum leucanthemum (Ox-eye daisy).

Dianthus chinensis (Chinese pink).

Mischanthus compactus (Plum grass).

Eupatorium sessilifolium (Upland grass).

Helianthus Augustifolius (Hardy sunflower).

Populus deltoides (Cottonwood).

Quercus nigra (Water oak).

Solidago canadensis (Goldenrod).

Spirea Vanhouttei.

Veronia noveboracensis (Ironwood).

A special bulletin was sent to members of the Florists' Telegraph Association last fall by John M. Besemer, general manager of FTDA.

"Along with the rest of the hysteria that is sweeping the land is the idea that the stopping of flowers in hospitals will relieve nurses and attendants of an enormous burden," advised Mr. Besemer. "Lending some colour to the argument is the fact that we, as florists, have taken too much for granted in sending boxes to hospitals and letting the nurses scramble around to find vases, rearrange the assortment and be responsible until the flowers are thrown out. Because of the nation-wide shortage of nurses and hospital attendants this is becoming a definite burden in many hospitals and steps must be taken immediately by every florist to forestall stringent action taken by the hospitals.

"If we are to keep this business we must wake up to the fact that we must deliver a finished product and not ask the hospital to complete our job.

Up to Florists

"It will help greatly in promoting a cordial relationship with hospitals if florists in each community meet and appoint a committee to call on the proper people at each hospital, explaining that the florists are doing everything possible to co-operate, show them a copy of the rules, etc. Be sure to discuss the fact that you are allowed to make only one delivery per day and decide on hours most convenient for the hospital, emphasizing that you are there to co-operate in every possible way.

Rules on Deliveries

Rules governing hospital deliveries by members of the FTDA. were issued as follows:

1. Hospital orders must be delivered in containers or vases and require no further attention.

2. On delivery, all wrappings must be removed by driver of truck and put back in truck to be disposed of at shop.

3. Driver must have facilities, sprinkling can, gallon jugs or what-not for putting necessary water in containers. Leave nothing for the nurse to worry about.

4. Include several tablets of flower preservative in container so that it is not necessary to change water daily nor cut stems.

5. Cards must be attached to flowers or container—not on outside of package—to be easily seen by nurse or attendant who takes order to patient's room.

6. Insert card with each order telling patient that flowers have been arranged to require no further attention from nurse.

Card for Patient

The card to be printed and enclosed with each hospital order, as suggested by the FTDA, would read as follows:

"The flowers which have just been delivered to you have been carefully arranged so that no burden is placed on the hospital attendants.

"They are in a container with cool, fresh water, and plant food tablets have been added to preserve their fresh loveliness without further attention.

"It is not necessary to change water, cut stems nor remove them from your room at night.

"The legend that flowers use up the oxygen in the room at night has long been disproved. In a whole night a roomful of flowers do not use up as much oxygen as your nurse who comes in for five minutes to take your temperature.

"Please enjoy your flowers with our hearty wishes, joined with those of their sender, for your speedy recovery.

Sincerely,
Your Florist."

Mr. Northe's article in the *FTD News* wades into the field of flower therapy with the suggestion that "The florist should find out, if he can, the patient's preference and temperament".

"For instance, if the patient is depressed, a cheerful mixture of flowers not too strong in colour nor too pale, with colours in blue, pink and yellow shades predominating, would be suitable. Good judgment tells im-

(Concluded on page 36)

Refresher Course on Public Relations and Nursing Services Planned

The School of Nursing, University of Toronto, has announced a short refresher course to be given from May 19th to 22nd on the general subject of public relations and the development of nursing services. The course will be made up of lectures and round tables. These will include the machinery of government; welfare, health, hospital and other related legislation; existing health organizations; community resources and community finances.

Community programmes for nursing services will consider joint planning of nurses, doctors, hospitals, etc., with conservation of available personnel. The leadership in planning now being afforded by the Canadian Medical Procurement and Assignment Board will be considered. There will also be discussion of the community's need viewed as a whole; the evaluation and interpretation of services and the recognition of changes in projects and methods.

The methods of securing objectives, such as publicity and contact and co-operation with governments, community welfare agencies and the professions, will be analyzed. There will be two round tables, one on community planning and one on the interpretation of services.

Among those participating are: Professor Norman Ward, Department of Political Economy, University of Toronto; Dr. George Davidson, Director of the Canadian Welfare Council; Dr. Harvey Agnew; Miss Marjorie Buck, R.N., Vice-President of the Canadian Nurses Association; Miss Edna Moore, Chief Public Health Nurse, Ontario Department of Health; Mr. Elton Johnson; Miss Nettie D. Fidler, Miss Florence Emory and Miss Mary Millman of the School of Nursing, University of Toronto.

All registered nurses are eligible for enrolment and the fee is \$5.00.



Paintings

by Sir Frederick Banting

On Exhibit at Hart House and National Gallery

A UNIQUE tribute was paid to the late Sir Frederick Banting, eminent Canadian scientist, on the second anniversary of his tragic death by the holding of an exhibit of his paintings first in the Art Gallery of Hart House at the University of Toronto in February and later in March at the National Gallery in Ottawa.

Although known the world over for his researches in civil and military medicine, he had also achieved considerable fame by his ability with the brush. A rapid and prolific painter, it was known that Sir Fred-

erick had painted a great many pictures, but it was a surprise to everyone when proud owners from far and wide actually sent in 242 pictures for the exhibit! Generous and impulsive by nature, he had given of his pictures to a wide circle of friends, and this response gave Lady Banting and the Committee an unusual opportunity to obtain an almost complete list of his works and their location.

The exhibition was arranged by Mr. A. Y. Jackson, the noted painter and close friend of Sir Frederick; Lady Banting; Mr. J. R. Gilley, the Acting Warden of Hart House (who, by the way, is a brother of Mrs. J. H. McVety of Vancouver);

Surgeon Commander Charles H. Best, Dr. Banting's co-worker and successor at the Banting Institute; Professor Barker Fairley, himself a painter of note; Dr. F. W. W. Hipwell, who wrote a fine biographical sketch for the unusual souvenir book; and Professor Hardolph Wasteneys, long a worker for the Hart House Art Gallery.

In the souvenir booklet, "Banting as an Artist", Mr. Jackson tells a delightful story of their years of close comradeship highlighted by occasional trips away together to paint the late winter among the Quebec



Above—Ste. Irene, Quebec. Courtesy, Hart House, University of Toronto.

Left and Right—Georgian Highway, Russia.



The CANADIAN HOSPITAL



Above—Cap aux Oies. Courtesy, Dr. F. W. W. Hipwell and U. of T. Monthly.

Right—Ellesmere Island. Courtesy, Art Gallery of Toronto and U. of T. Monthly.



hills, or up to the Arctic or over into Great Slave Lake.

Describing their first trip in early March of 1927, Mr. Jackson recalled that they went to St. Jean Port Joli on the south shore of the St. Lawrence. "There was no sign of spring. It was cold and windy and very exposed country. We would crouch behind barns and rail fences to sketch. He was almost frozen every day, but he struggled with frozen paint and fingers. His only comment on one bitterly cold day was: "And I thought this was a sissy game."

Sir Frederick's diary on these trips

was very informative. He liked the country and the people. On March 16th, 1930, he wrote: "It is a great country. The more I think of the city, the more I want to live in the country, and the more I think of being a Professor of Research, the more I want to be an artist or something else with more work and less responsibility."

He must have liked the diet, too. On another occasion he wrote: "Had pea soup twice to-day. There is nothing to equal it after being out in the cold."

Sir Frederick had a strong vigorous style of painting which seized on

the essentials and swept aside all irrelevant detail. A chronological study of his painting made possible by this collection revealed that he quickly cast aside the typically timid, uncertain and muddy style of the beginner for the forceful, decisive and clear-toned brushwork of the man who knows what he wants to paint and loses no time in doing so. Much of his later work was very obviously in the style of Mr. Jackson and reflects his great admiration for the work of that master.

Dr. Banting wanted to quit science at fifty and take up art. That the

(Concluded on page 46)



St. Tite des Caps, Quebec. Courtesy, Dr. Lorne Pierce.

Over 200 fine Kodachrome (colour) photographs were taken as a permanent record.

The Education of Hospital Housekeepers

Part II

(Concluded from March issue)

Textiles

THE study of textiles is important for the future housekeeper. In this the student is taught all about the different fibres, their qualities of wear, their reaction to chemicals. Do you know the difference between a woolen and a worsted yarn in regard to their method of manufacture and their wearability? Do you know what mercerization is, what it does to the cotton fibre, and how it affects its appearance and wearing qualities? Do you know how to test a fabric to tell whether it is rayon or silk, cotton or wool?

Textile study would also teach the student to know and recognize the different types of weaves and their qualities of appearance and wear. Do you know why frieze is one of the best wearing upholstery fabrics? Do you know what qualities to look for in buying sheets and how to set up specifications for them? We know that the factors of thread count, tensile strength of the yarn, the amount of fixing or filling, the weight of the sheet, the quality of the yarn and weaving as to smoothness and lack of knots and loose ends, the quality of the selvages, whether the sheet is cut or torn to size, and the quality of the hem are important in the choosing of sheets and pillow-cases. We are all aware that by purchasing sheets with the same width hem, top and bottom, we not only increase the life of the sheet but lower labour costs in bedmaking. Just as there are specifications for sheets and pillow-cases, there are also those to be understood and set up for towels, rubber sheeting, pillows, blankets, and all the other linens and equipment for which a housekeeper is responsible.

Drapery and upholstery fabrics also come in for a good deal of study along with rugs and their various makes, their methods of dyeing and weaving. The student is taught how materials

are dyed and how the method of dyeing may affect the wearing quality of the material or the colour. Have you ever known a two-colour patterned material to wear out in places dyed the one colour, but not in those places dyed the other colour? That is because the material was first piece dyed, that is dyed all over, then bleached out in the pattern and the other colour printed on afterwards over the bleached parts. If the bleaching is poorly done, it shortens the life of the fibres in the places where it was applied.

Engineering

A hardware salesman of some experience exclaimed once "Why don't women learn what they want, then order that?" He related his trials with the superintendent of a small county hospital who pretended she knew hardware, then was not satisfied with what they sent her. It is difficult for women without a good training in this to understand or direct the men who do the work

A good course in Household Engineering should teach the principles of plumbing, heating, refrigeration, etc. We should become familiar with the reason why apparatus goes out of order. We may laugh at the story of the woman who when asked what she would do if her automobile went out of order on the road, responded "I'd telephone my husband".

The 20 amp. fuse may be less annoying to us than the 15 amp. fuse because it will not blow so quickly, but if we know the reason for installing fuses we will worry lest our building burn down before we discover our wires are overloaded.

We should learn how to take apart small portable equipment. Again, there is nothing mysterious about putting a new element into an electric iron; with manpower so scarce housemaids can use rubber plungers or force cups just as well as a man.

A monkey wrench is not too heavy for a woman to use to put on a new washer when a faucet is leaking. We ought to be able to teach our employees how to use our fire extinguishers and we ought to know how to refill them. All this is simple but most of this work is shunned by women.

It is a mystery to some men why women cannot read blue prints or understand floor plans. I know this to be true because I have had residence hall plans turned in to me by Home Economics students in which the elevator appeared at different locations in the building for the various floors. For example, after leaving first floor it would have to travel along second floor to another spot in order to start its pilgrimage to third.

Likewise, women of superior intelligence have been known to order hasps or hinges and be surprised when the dealer sent those suitable for garage doors when they actually wanted them for kitchen cupboards!

Art and Interior Decoration

A housekeeper of any institution, be it home or hospital, must not only know how to care for the furnishings of the institution but she must know also how to choose those furnishings. In other words, she must have a knowledge of interior decoration. She must not only look for sturdiness and wearability, she must also look for livability, and to the patient the last is the most important.

Do you know that in the arrangement of furniture in a room there are certain rules to be followed to make that arrangement the most pleasant one possible? The first of these rules is *simplicity*—simplicity of the furnishings and of the arrangement. The second rule is *comfort and convenience*. In a hospital room, for instance, the bed should not be placed to face the window, or in the living room of a nurses' dormitory, the furniture should be arranged in small conversational groups in such a way that it is not necessary for a person going through the room to cut through a group of people sitting and talking. The third rule is that of *order in arrangement*. The large pieces should be placed to follow the lines of the room and balance each other against the four walls with the shape of each piece in harmony with

the wall space against which it is seen. The smaller objects are then placed to fill in empty spaces. Too many large bare places in a room may have a chilling effect but enough clear, free spaces should be left to give a restful feeling. All the while we are following these rules, we must also keep in mind these questions: (1) Is the room balanced? (2) Is there a sense of good proportion? (3) Is there a feeling of rhythm? (4) Is there a centre of interest? (5) Is there a feeling of harmony?

A sick person's surroundings make a difference in the speed of his recovery, and because he often makes mountains out of molehills, small details may either disturb or help him. For this reason it is especially important that his surroundings be as beautiful as a sick room may be.

Colour

Psychologists have shown that colours have very definite effects upon the mood of a person. So much so, in fact, that different types of mental disorders have sometimes been treated by the use of one colour rooms. The group of cool colours, those related to blue and green, have a quieting influence, but as the colour grows colder and darker it may become really depressing. The warm colours, those grouped around red and orange, are cheerful and comforting, but the effect may be that of excitement and stimulation as the colours become very bright and near to red.

But before it is possible to use colour successfully, it is necessary to know about colour and the laws governing its use. One must know the three dimensions of colour in order to know how to achieve the exact effect one wants. The first of these dimensions is *hue*, which indicates the name of the colour, such as red or blue. The second is *value*, which indicates the degree of lightness or darkness. The third is *intensity* or *chroma*, which gives the degree of brightness or dullness. The user of colour, too, must follow the "law of areas", which states "Large areas of colour should be quiet in effect while small amounts may show strong contrasts; the larger the amount used, the quieter the colour should be, and the smaller the amount used, the



Miss Grace Fairley Retiring

Miss Grace M. Fairley, R.N., Director of the School of Nursing at the Vancouver General Hospital, will retire in May after the annual graduation exercises.

Miss Fairley has been one of the most outstanding leaders in the nursing profession for some years. In recognition of these services to the nursing profession she was awarded the Mary Agnes Snively Medal by the Canadian Nurses Association a year ago.

Born in Edinburgh, she received her early education at the Edinburgh Ladies' College and the Edinburgh School of Home Economics and later

took her nursing training at the Swansea General Hospital in Wales. Coming to Canada in 1912 she was superintendent of the Alexandra Hospital in Montreal for 7 years, after which she was superintendent of nursing at the Hamilton General Hospital and then at the Victoria Hospital in London. In 1929 she went to Vancouver to take over the position which she now holds.

Always interested in nursing organization and education, she was the first president of the Association of Registered Nurses of the Province of Quebec and for four years was chairman of the Nursing Education Section of the Canadian Nurses Association. She has also been president of the Registered Nurses' Association of British Columbia, was Vice-president of the American Hospital Association in 1916 and 1917, and at present is a Vice-president of the International Council of Nurses. Her outstanding responsibility in organizational work was as president of the Canadian Nurses Association, in which position she gave excellent service.

Miss Fairley was very active in the work of the British Columbia Hospitals Association and took an active part in the discussions at the annual meetings. Her many friends wish her happiness in her well-earned retirement.

more striking the contrast may become."

The same five principles apply to colour:

The first is *balance* or a feeling of rest, and applies to the balance of hues, using complementary colours; to the balance of values, using small areas of light against large areas of dark; and to the balance of intensities, using small areas of bright colours against large areas of dull colours.

There are two ways of balancing colours: one way is through the selection of varied amounts of bright and dull colours, according to the "law of areas". The other is through crossing or repeating the colours from one part of a room to another.

The second principle is that of *proportion*. We know colour combinations are more beautiful when

amounts are varied than when they are equal.

Third comes *rhythm*. This and balance through the crossing of colours go hand in hand, for it leads the eye from one thing to another.

Fourth is *emphasis* which is attained through contrasts of hue, value and intensity. There are two main points in connection with this. One is that in any colour arrangement there should be one outstanding colour effect. The other is: backgrounds should show less emphasis than the objects placed against them.

Harmony

The last principle is that of *harmony* or *unity*. Colours should give the impression that they belong together. There are two natural colour harmonies, the warm colours and the cool. For contrast we may introduce

(Continued on page 42)

Model Health Centres Proposed by B.M.A. Planning Commission

THE paragraphs that follow contain suggestions for a standard form of health centre that may be adapted to suit local conditions.

Provision of Centre

The health centre being an official part of a regional authority's comprehensive medical service, the building and equipment would be provided or approved by that authority.

Clientele

It is recommended that a State scheme of medical service should be provided for all persons with incomes within the current National Health Insurance limits and for their dependents, in effect for about 90 per cent of the population. The general medical care of these persons would be undertaken by general practitioners of their choice either at the centre or in their own homes. Persons outside the scheme would attend at the centre or at the practitioner's private residence or would be visited in their own homes.

Service Available

General practitioners would attend at the centre at hours convenient for their patients and would pay domiciliary visits from the centre. They would undertake ante-natal, natal and post-natal work; they would take part in infant and child welfare and the school medical service; they would arrange consultations with specialists, some of whom might attend at the centre; and they would be associated with the local hospitals. The work of the centre would be preventive and educational, as well as curative.

Midwifery, nursing and auxiliary services would be available at or through the centre, midwives, health visitors and district nurses working from the centre. The centre should have ready access to an x-ray and a pathological department at the centre or elsewhere, these departments being under proper specialist supervision.

A dispensary service for drugs,

The British Medical Planning Commission Report would focus the practice of medicine about "Health Centres". The following summary of this phase of the proposals is from the November, 1942 issue of "Medical Care" and is excerpted from the Draft Interim Report of the B.M.A. Commission, pp. 25-28.

etc., required by the practitioner for immediate application would be conducted at the centre.

A communal service would be maintained for record keeping and secretarial work.

Accommodation

The accommodation could include:

(1) A consulting room for each doctor working at the centre at any one time.

(2) Waiting rooms. There might be several moderate-sized waiting rooms, which would be used in common and not allocated to particular practitioners.

(3) A small theatre for minor surgery within the competence of a general practitioner.

(4) A pathological room for simple diagnostic investigations.

There would be accommodation for a resident caretaker and for secretarial work and records.

Size and Area

The area covered by the centre would not be too large, partly in order that patients should not be required to travel far. The number of practitioners co-operating to provide the service would depend upon the size and nature of the area served, but it would normally be from 10 to 12 in urban areas and 6 to 8 in mixed areas.

Free Choice

The citizen would be allowed to choose his health centre within a re-

(Continued on page 38)



Native bearers carry an Australian wounded in the New Guinea campaign to safety.

(Courtesy Australian Department of Information)

With the Hospitals in Britain

By "LONDONER"



C. E. A. Bedwell

Dear Mr. Editor:
This letter is being written on the day when I have attended a Memorial Service to Sir St. Clair Thomson, so a few words of tribute may be permitted as he was honoured in and by Canada. It was in 1930, when the British Medical Association met in Winnipeg, that the University conferred upon Sir St. Clair an honorary LL.D. Sir St. Clair made laryngology famous as a specialized branch of medicine, but his friends will remember him more as a singularly accomplished orator. Some of your readers will recall the ease with which on that visit he passed from English to French while speaking in Montreal. He was an accomplished linguist and was equally at home with Italian, as he had lived in Florence for some years. Perhaps his greatest pride and memory was that he had been Lord Lister's House Surgeon at King's College Hospital. At the age of 84 years, Sir St. Clair was still leading an active life and met his death through being knocked over by a motor cyclist on the streets of Edinburgh.

* Tuberculosis

The increase in tuberculosis is causing some anxiety, as it did between the years 1914 and 1918. The Minister of Health appointed a special committee with Lord Dawson as chairman to investigate the extent and cause of the increase, particularly among young women, which was especially marked in the early days of the war. Later figures showed an alarming increase of deaths of children under 15, though at ages 15-24 tuberculosis caused more deaths than any other single disease and about one half of the total deaths due to all diseases. On the whole the number of deaths has been much smaller during this war than in 1914-1918. A

notable exception has been the considerably greater increase in meningitis deaths, which largely accounts for the additional deaths of children under 5 years. Taking all forms of tuberculosis into consideration, the available figures have demonstrated that children, young adults (especially females) and the older male age-groups have suffered most in comparison with the last war.

The examination of the causes presented the committee with a good

apparatus at hospitals or tuberculosis clinics in the vicinities of factories.

It seems likely that the introduction of this apparatus is going to be an outward and visible sign to the country at large of an intention to safeguard the health of the people. That purpose will be more effectively served if they are placed in health centres under the control of the health authorities rather than in hospitals.

Institutional Accommodation

In the early days of the war, patients under treatment for tuberculosis were returned to their homes. Though that mistake was soon rectified there still remained a number in need of institutional treatment, so beds have been allocated in the Municipal and E.M.S. hospitals. The staffing has presented considerable difficulties. The Minister and his Parliamentary Secretary, Miss Florence Horsburgh, have met with some success in stimulating recruiting, but at the time of writing, the lack of ward maids and domestics is actually preventing some hospitals from being able to occupy their beds. In both cases perhaps, the fear of infection is a contributory cause to the reluctance to undertake this work, though the Committee states that evidence from research in other countries, and expert opinion in our own, suggest that the risk of contracting tuberculosis from nursing tuberculous patients in sanatoria is no greater than that involved in general hospital training.

Mass Radiography

Public attention has been directed to the proposals in the Report for early diagnosis by means of mass radiography. A description is given of the method "conveniently termed indirect or miniature radiography". The Minister has announced that he has secured a dozen sets from the United States which are to be distributed in different parts of the country. Each is estimated to represent a turnover of three thousand examinations a week. Pending their arrival, the Committee believe that more use could be made of existing

Rehabilitation

Restoration to health is hindered by financial difficulties. The tuberculosis patient is among those for whom some definite change is needed in our National Health Insurance system so that he may be paid for such work as he can do and have an allowance up to a certain figure during disability. Safeguards may be necessary, but it is better to spend

(Concluded on page 46)

Obiter Dicta

Health Insurance a Step Nearer

IT was unfortunate that the two reports—one on health insurance and one on social security—should have been announced on the same day. Apparently the Government really desires to pass health insurance legislation at this session, but the broader and more costly social security report was tabled primarily to permit preliminary discussions on the points outlined. Because of the interest aroused by the Beveridge Report, the somewhat similar Social Security report received most of the publicity.

Elsewhere we review the highlights of these two studies. The one more likely to be passed this year—the Report on Health Insurance—is of vital concern to every doctor, nurse and hospital trustee in the country. The Hon. Ian Mackenzie is to be congratulated on the excellent presentation which he made before the Special Committee on Social Security. We heartily agree with him, too, when he stated "This is undoubtedly, in my judgment, the most comprehensive report on health insurance ever compiled in this or any other country and I wish to pay my special tribute to Dr. Heagerty, and the members of his committee, whose unflagging labour over a period of two years in all, and whose obvious grasp of the problem is responsible for this achievement".

This or similar legislation would seem inevitable. The Prime Minister has spoken of the four main fears that haunt humanity, of which the third is the loss of capacity to earn through sickness and invalidity. It is significant that 41 of the leading countries have adopted health insurance, the plan being a compulsory one in 33 of these countries. In the last year or two four more countries in the Americas have proposed health insurance. It is also significant that the press across Canada has expressed approval of the principle. Where objection has been raised it has been mainly with respect to costs; here we have noted some confusion between the estimated costs of the health insurance plan and the much greater costs of the more comprehensive social security plan. There is significance, too, in the statements from several provinces that they were prepared to co-operate in the proposed health insurance plan and in the fact that one province at least (actually the third to do so) is now drafting its own measure. Whether or not this is political manoeuvring, one would be surprised if the provincial plan shortly to be announced did not conform sufficiently to the Federal plan that Federal subsidies could be anticipated.

Of one thing all hospitals will be glad—and all municipalities too—that is the abolition of municipal payments towards the hospitalization of indigents. This alone is a welcome result. Provincial grants may also disappear.

However, there are so many possible effects of health insurance which are not readily discernible at this stage that it is not easy to fully assess the end results. We think that health insurance can be so developed that voluntary effort can be preserved, but what of the remote future? Will the state ultimately take over all social welfare activities, as well as the utilities? Also will this plan hasten the co-ordination of hospital work? What will be the effect of health insurance on the medical schools and the teaching wards? Will health insurance prove to be an intermediate step towards state medicine, or will it prove so satisfactory that state medicine becomes unnecessary? Although the ultimate solution to our hospital and general health problems is far from clear, we do know that we now have an unprecedented opportunity to mould the pattern for many generations to come. Our vision must be broad and our judgment sound.



National Fitness

OUR people everywhere will welcome the proposal to officially recognize and support a national fitness programme. It is high time that we sponsor, on a nationwide basis, a concerted and well-organized plan to build up the stamina and physique of our nation. European countries have been featuring these programmes for years. The Soviet Government was one of the first to develop this idea and we see the results to-day. Long before Schickelgruber started the Hitler Youth movement or the Kraft durch Freude, the German youth was being trained in mass gymnastics. Back in 1926 the writer had the opportunity of attending gigantic demonstrations in Austria, Czechoslovakia and Germany. Thousands upon thousands of young men and women in gym costumes went through their exercises with remarkable precision. In some countries the motive, as in the "Batilla" or the "Avanguardisti" of Italy or the "Branna Vychova" of Czechoslovakia, may have been of a military nature, but the physical results were

achieved nevertheless. Under the Socialist regime the Austrians became sun-worshippers. "Sonnenschein und Gesundheit" (Sunshine and Health) became the slogan of the thousands who spent their week-ends tramping and climbing in the Semmering mountains or enjoying the beaches of the Danube.

In 1936 Great Britain became interested and a special committee recommended an extensive programme of youth training and supervision, including the setting up of a National College of Physical Training. At about this time the League of Nations, through its Health Committee, also became interested and called together a committee of experts (1937) who recommended that national committees on physical fitness be set up. As a result the Canadian Government is now proposing the contribution of some \$225,000 to the provinces to support such a programme with an additional \$25,000 for the work of the National Council on Physical Fitness to be set up.

This National Council on Physical Fitness would consist of a full-time Director and a member from each province. In discussing this measure before the Select Committee, Mr. Mackenzie rightly stated: "Sport, as we have it at present, seems to be aimed chiefly at the production of champions and record breakers. Sports organized under a physical fitness programme would aim at the development of large numbers of young people able to perform creditably in the popular tests of athletic prowess. Instead of one youth who can run one hundred yards in ten seconds, we would like to see thousands who can run that distance in twelve seconds. Instead of a small number of marathon swimming champions, we would like to see every young person able to swim for fifteen consecutive minutes."

Mr. Mackenzie stated that the government would like to encourage greater emphasis on physical education in the schools and to promote similar programmes in the great commercial and industrial establishments. The main purpose would be to give the benefits of physical education to the greatest possible number. Consideration would be given to varying interests and tastes; therefore there would be promoted different games and sports, rhythmic and gymnastics, swimming and life-saving, camping, hiking and skiing—all manner of healthful vigorous outdoor activities that make a strong, flexible and disciplined body. He referred to the "Pro-Rec" programme in British Columbia for the unemployed youth in the depression period. Tens of thousands participated in organized recreational activities. Mr. Mackenzie mentioned also the necessity of training instructors, teachers and leaders.

It was fitting that the drafting of this measure should be in the hands of Dr. Heagerty and his Committee. Few senior men in public life have succeeded in keeping themselves as fit physically as has this sturdy white-haired Irishman who spends his noon hour swimming in the Chateau Laurier pool while others eat themselves into their graves with heavy luncheons. A champion athlete in his youth, Dr. Heagerty has here laid the foundations for a new order of national fitness.

The Rum Plan

THE action of the Federal Government in cancelling such a large proportion of the 1942 taxes will be greatly appreciated by the taxpayer. The long delay in collecting taxes has never seemed logical, although one can understand why, for those people who have difficulty in knowing for some time what they have earned, some delay in calculating and making payment has been necessary. For professional people, small business heads and others with fluctuating incomes, the long delay between receipt of income and payment of tax creates much worry lest the tax fall when income has dropped.

Although for the individual there will be no period of let-up, as some have anticipated, there should be a definite effect on the recruiting of individuals with better-than-average incomes. Take doctors, for example. Quite a number of well-established doctors, who have been considering enlistment, have stated frankly that the greatly increased taxes of this past year have been a serious deterrent to their enlistment, for they have realized that they could not possibly pay their taxes on last year's income out of this year's pay in the Armed Forces. It is idle to say that people should budget for these things; of course we should, but few do, or could do so. Now, with the hangover of old taxes removed, and this serious objection dissipated, recruiting should gain. There will be many headaches for the Income Tax Department over the new basis, but if it gives contentment to those worrying over estate solvency and aids our participation in the War, the change will be justified.



The Strength and Weakness of the Voluntary Hospital

THE voluntary hospitals have existed for several hundred years, and have distinguished themselves by the quality of their work, their progressiveness and initiative. They have shown that their constitution is flexible and can adapt itself to changing conditions, and that they provide the right atmosphere in which individual effort and enterprise can flourish. It may be claimed that it is under their aegis, and through their training schools that our medical and nursing professions have reached such a high standard. Hospitals like Bart's, Westminster, and St. Thomas's are household names and represent the best in the voluntary system.

Their great failing is their inability to organize themselves into a coherent scheme and to adopt a common policy. They each operate as separate units and there is no co-relation between them, and they fail to form any part of a pattern of a general hospital scheme. There also exists the uncertainty of their income, although this has been given more importance than it deserves in the past due, I think, to the mal-administration of some hospitals."

*R. C. Millward, A.C.C.S., F.H.A.
in "Hospital and Nursing Home Management".*

Comparison of Marsh and Beveridge Reports

MARSH

Unemployment Insurance benefits higher. Benefits vary with wage rates prior to unemployment. Maximum for married man \$20.52 a week.

Complete health insurance. No separate maternity benefit but benefits given under sickness insurance at unemployment insurance rates.

Old-age pension rates \$30 a month for individual and \$45 for married couple.

No special provision for widows except that they receive a survivor's pension on the retirement pension scale of \$30 a month.

Children's allowance to all parents for all children. Allowances to be graded according to age and to average between \$8 and \$9 a month.

Total disability pension would be on the old-age pension scale with a flat rate of about \$10 a week for a married man and \$6.60 for single person.

Funeral grants.

No marriage grants.

No maternity grant.

BEVERIDGE

Benefits vary with age of recipient. Maximum \$9 a week.

Complete health insurance. Separate maternity benefit for wage-earning women of \$8 a week for 13 weeks.

Old-age pension \$5.25 a week for individual and \$9 for a married couple.

Widows to receive a grant of \$8 a week for 13 weeks after husband's death and after that a guardian benefit of \$5.25 a week.

Only parents in receipt of pension or other benefit would get allowances for all children. Other parents would get no allowance for first child but allowances for all other children. Allowances would average \$1.77 a week.

Total disability pension would be graded, equivalent to 2/3 of recipient's former weekly earnings, but not to exceed \$13.32 a week.

Funeral grants approximately the same.

Marriage grants up to \$44 in Canadian funds, depending on contributions.

Maternity grant of \$17.77.

Men with Remediable Defects to be Enlisted Before Treatment

It has been announced by Defence Headquarters that men who have been barred from military service for certain defects may now join up for active service through a new plan of clearing up "remediable defects".

This applies particularly to hernia and to varicose veins, which have been the cause of over 10 per cent of all army rejections, but it is applicable also to any defect "which, in the opinion of the medical board, can be cured either by medical or surgical means or by non-operative orthopaedic treatment so that the recruit will be rendered acceptable thereby for enlistment".

Procedure

Under this new arrangement the man will be admitted to the service and receive the treatment while enlisted and before undertaking regular army duties. He will receive full army pay and allowances during treatment and convalescence. Applications will not be accepted if the condition does not give promise of being cleared up or if the man is not otherwise fit. On enlistment the recruit will then either undergo treatment to raise his category or take a job that will not involve extreme exertion.

Hitherto the army has given treatment without charge to prospective recruits with certain physical defects, but they were not actually in the service. The difficulty was that there was no guarantee that the men so treated would actually join up; moreover they could not be kept under sufficient observation.

It is understood that this medical attention will be given in military hospitals.

Vision and Hearing

Simultaneously it was announced that standards for vision and hearing have been changed to permit enlistment of shortsighted men for certain sedentary duties. These men will be supplied with suitable glasses by the army. Men previously rejected for defective vision and hearing now may apply for enlistment and be accepted.

The hospital is one of the finest flowers of our civilization. We are the trustees of the accumulated medical knowledge of the past and shall not—we must not—fail the future. It is up to every one of us to do our part to preserve this great, perhaps the greatest, institution of a democratic society.

Willard C. Rappleye, M.D.

Routine Blood Tests to be Taken in Army

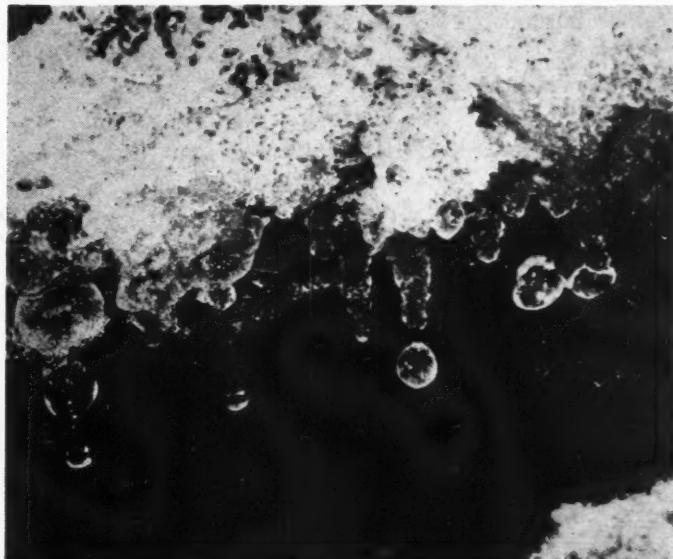
Blood tests for syphilis will be taken in the near future on all recruits for the active forces and on draftees, stated Defence Minister J. L. Ralston in the House on March 24th. Heretofore blood tests have not been routine in the army although they were made whenever considered desirable in military hospitals. Last year some 25,000 blood tests were made in this way.

The three services have not held similar views on routine blood tests. Hitherto they have not been routine in the army, largely because of the possibility of false positives caused by sulpha or other drugs or other factors. The available laboratory facilities, also, have been inadequate. The R.C.A.F., on the other hand, has been taking routine Wassermann tests on all candidates, both male and female, either prior to or immediately after enlistment or appointment.

The navy has taken a position similar to that formerly held by the army and for three reasons: (a) the incidence of false positives; (b) the social question of discrimination as compared to the civilian population; and (c) the possible detrimental effect upon recruiting.

Deer Lodge Military Hospital to Have New Surgical Wing

Tenders have been called for a \$90,000 brick extension to Deer Lodge Military Hospital, to be used as a surgical wing. Surgical work for this hospital was formerly done at Winnipeg General Hospital.



Nature's "Crystal Ear Rings"

This beautiful ice formation may be seen occasionally along the banks of streams, but only in early spring when there is a combination of warming sun above, cold nights, overhanging snow banks and cold running water, below. These crystal balls are usually found well back in the shadows, this group being exposed by breaking away the protecting lip of the crusted snow.

Basil MacLean Joins Army Will Study Military Hospitals

Dr. Basil C. MacLean, director of Strong Memorial Hospital at Rochester, N.Y., has been commissioned a lieutenant colonel in the U.S. Army Medical Corps. Dr. MacLean's services have been enlisted in order to make a survey of all military hospitals in the country. This is being done to determine whether the organization and administration of army hospitals makes the best possible use of medical personnel.

Dr. MacLean got his training at the Montreal General Hospital, when he was assistant to Dr. A. K. Haywood. He is a past president of the American College of Hospital Administrators and of the American Hospital Association. Last year he took a Sabbatical year doing his D.P.H. in public health problems.

Dr. MacLean will report his findings directly to the surgeon general of the U.S. Army. This arrangement is of considerable interest to us here in view of the fact that the hospitals and medical services in the Departments of Defence and Pensions here in Canada are now being surveyed by a joint military and civilian committee, of which the hospital expert is Dr. George F. Stephens, superintendent of the Royal Victoria Hospital in Montreal.

Course in Hospital Administration for R.C.A.F.

A two weeks' course in hospital administration for medical administrative officers in the R.C.A.F. was held from March 8th to March 20th. The first week was spent in Toronto and the second week in Trenton. In the R.C.A.F. there are non-medical administrative officers in all hospitals of 75 beds or over — seventeen in number — and the purpose of the course was primarily to consider the duties and functions of these administrative officers.

All of the administrative officers attending were nominated by the principal medical officer of their units. Those attending were drawn from Victoria to Newfoundland. Quite a few in the class have had previous hospital experience, and in some cases members who had had

particularly helpful training in civilian hospitals or in civilian administrative courses served as both lecturer and student.

Among those participating in the instruction were: Group-Captain Tice, D.M.S., Ottawa; Wing-Commander Kelly, P.M.O., No. 1 Training Command; Wing-Commander Peacock, S.M.O., R.C.A.F. Station, St. Thomas; Wing-Commander Noble, S.M.O., R.C.A.F. Station, Trenton; Wing-Commander Sharp, S.M.O., No. 1 Manning Depot, Toronto; Wing-Commander Mitchell, President, Medical Selection Board, No. 1 I.T.S.; F/O Graham Stephens, Medical Administrative Officer, Station Hospital, St. Thomas.

The adjutant of the school, who also gave lectures and who had much to do with the organization of the course was Squadron-Leader Gordon

Friesen, of R.C.A.F. Headquarters, Ottawa.

Salary Increases in Hospitals

We are pleased to note that the American Hospital Association has succeeded in making arrangements with the National War Labour Board whereby non-profit hospitals could increase salaries to the prevailing wage level in the community for similar services without first obtaining approval by the appropriate governmental agency. This order was issued on January 23rd, 1943.

This is in line with the arrangement made with Canadian hospitals over a year ago by the Wartime Prices and Trade Board at Ottawa. Since October, 1941, Canadian hospitals have been exempt from the restrictions of Order No. P.C. 8253 fixing wages and since February, 1942, from the Order fixing salaries.

Noise Disturbance in Hospitals

(A Series)



No. 15—Bed Screens

Curtains hung from overhead rods or wires are a much more satisfactory form of screen in public or semi-private wards than are portable floor screens. Aside from the clumsiness of the latter, many a nervous or sleeping patient has received a severe shock when a floor screen has been inadvertently knocked or blown over. The main objection to the suspended

curtain is that it is sometimes disturbing, especially if hastily drawn at night.

One model has felt rather than metal rollers, which reduces noise to a minimum, but even with metal rollers annoyance can be practically eliminated if nurses and doctors draw the curtain gently and without undue haste.



TYING OF secure catgut knots depends to an important degree on the strand's surface, which should be neither too rough nor too smooth.

The relatively rough raw gut strand must be smoothed, to prevent abrasion and ply separation when threaded on the needle and during knot tying. Such damage to the strand is a cause of too speedy digestion and loss of strength. But too highly polished a strand is slippery, difficult to place and tie securely—the surface must have a coefficient of friction sufficiently high to permit the tying of a secure knot.

The *correct* surface for secure knot tying—this is Curity strand surfacing in terms of every-day use. Such complete understanding of a catgut suture's quality-in-use reveals Curity's constant awareness that "on this strand a human life may hang."

BAUER & BLACK
Division of The Kendall Company (Canada) Limited
LEASIDE, TORONTO, ONTARIO



Here and There

When Guy's Broke the Blackout Regulations

A peculiar incident happened at Guy's Hospital during one of the heavy bombing raids on London. This hospital was badly damaged—so much so that a "log" was kept of the details, writes B. L. Read and Nelson Burgess of the hospital staff in *Modern Hospital*.

When a bomb burst in an underground passage, a distribution and control room for the electric mains going to the various departments was wrecked; the same explosion broke the steam, gas and water mains, hampering the work of the rescue squads trying to rescue the people trapped in the basement and in this underground passage.

The escaping water had an unanticipated effect. Although electrical connections had been shattered by the explosion, a "short circuit" was made through the water restoring power to a dead main supplying the outside lighting circuit of the hospital. The strange sight was witnessed of the hospital gateways and roadway brilliantly illuminated at the height of the raid! However, plenty of loose bricks were available and the young cricketers on the A.R.P. staff had a few minutes of target practice, hastily accomplishing that which would have quickly landed them in the toils of the law under other circumstances.

The work of the staff in protecting the hospital from incendiaries was so much more effective than the protection of surrounding warehouses and office buildings that next morning the hospital stood almost alone in the midst of acres of burned buildings. In fact the greatest danger after the bombing ceased was that of fire being carried by the wind from these other buildings.

* * *

Annual Dues

Last month we wrote of the high annual dues paid by hospitals in Great Britain to maintain an association to further their welfare. The

other day we were informed by the superintendent of a Pacific coast hospital in the United States that his 150-bed hospital pays annual dues of \$240.00 to the state association. This is in addition to membership in the A.H.A. A 50-bed hospital would pay about \$75.00. "Moreover," he added, "it is well worth it, too."

* * *

Banting Incognito

Elsewhere in this issue we refer to Mr. A. Y. Jackson's recollections of pleasant sketching trips with Sir Frederick Banting, which were included in the comprehensive little booklet, "Banting as an Artist". He tells one incident which bears repeating:

"Banting dressed like an old farmer. No one knew who he was, which pleased him. He did not want to be known as a doctor in places where there was almost no medical service. On the first trip to Quebec he called himself Frederick Grant. He need not have bothered, as no one in these places had ever heard of him. But he was found out the day we left St. Fidele. We were sketching at the end of the village when the curé came along with an imposing chap in a coon coat. He introduced him as his brother. "Dr. Laberge, Monsieur Jackson, Monsieur Banting." At the name "Banting" the brother pricked up his ears. "Isn't it Dr. Banting?" Fred shook his head. "You look like him." "Oh, he's my cousin." We were leaving in an hour so I said it was Dr. Banting himself. "I thought so," said the brother, "I go to Toronto University on veterinary business at times, and I had Dr. Banting pointed out to me."

We all walked back towards our pension. In parting, wanting to impress the curé with the importance of the modest visitor to their village, the brother made some very flattering remarks about Banting, which were lost on the curé. "Oui, oui," he said, "comme les Americains, 'greatest in the world'."

By The EDITOR

"Within half an hour Banting was asked to look after a woman who had just had a baby."

* * *

Ophthalmology—As Was

Ninety-two years ago the ophthalmoscope was invented by Professor H. Helmholz. It was an apparatus for inspecting the interior of the eye. But is recorded, however, that the observation of the reddening of the pupil in a drowning cat first suggested this invention to Mèry in 1704.

"If the eyes are bleared," runs an old prescription, "take green rue, pound it small, and wash with humble bees' honey, or with down honey, through a linen cloth on the eyes, as long as the man needeth it."

Rue was anciently called the herb of grace, from its use in exorcising evil spirits. The leaves are very acrid, and blister the skin when much handled. It has a strong, unpleasant smell, and a bitter taste.

For specks and films, and most disorders of the eye, St. Bartholomew's Hospital used to make use of a mixture of half a pint of lime water, and half a dram of crude sal ammoniac which had stood in a copper vessel. While Guy's Hospital had, at one time, an excellent ointment for the eyes which consisted of four and a half ounces of hog's lard, half an ounce each of bees' wax and prepared tutty, and two drams of camphor.

The following remarkable announcement appeared in a local paper two hundred years ago: "Mr. Grant, oculist and operator for the eyes, has restored many to sight after they have been deprived of it for thirty or forty years, and some have been brought to him who were born blind. Mr. Grant will be at the Angel in Yeovil on Friday, and at the Three Crowns in Dorchester on Saturday.

N.B.—Mr. Grant is no mountebank and never was."

—H. A. J. Lamb, in *Hospital and Nursing Home Management*.



NO GAGS... in this routine!



Patients who receive mineral oil in the form of Para-Syllia have no grounds for complaint about a disagreeable, oily taste. Para-Syllia—although containing 80% heavy mineral oil—has a delicate, appealing flavor that is readily acceptable to adults and children alike. Moreover, in the form of an emulsion with psyllium seed jelly, Para-Syllia offers the additional advantage of minimizing embarrassing

leakage. Its mineral oil base mixes intimately with intestinal contents and produces a soft, formed stool. Since this product contains no sugar, it is also well suited for diabetics suffering from chronic intestinal stasis. It is likewise a desirable laxative during pregnancy because of its mild action, and in constipation with hemorrhoids, where straining is to be avoided. Para-Syllia is supplied in wide-mouth bottles containing 12 fluidounces in two forms: Para-Syllia for ordinary cases of constipation, and Para-Syllia with Phenolphthalein for more obstinate cases.

ABBOTT LABORATORIES Limited, Montreal.

Para-Syllia

Correspondence

Payments for Hospital Purchases To the Secretary, Canadian Hospital Council.

Dear Sir: To quote from a slip which was sent me this morning from Wartime Prices and Trade Board Regulations:

"In accordance with a regulation of the Wartime Prices and Trade Board of the Dominion Government, all charge accounts are payable in full not later than the last day of the month in which the goods are purchased."

It is obvious that hospitals with their various financial difficulties and problems—ad infinitum—ad nauseum—cannot possibly pay all of their accounts on the last day of the month in which the goods are purchased—that is ridiculous! Quite frequently it is several months before we manage to get our accounts cleared up because we cannot always get people to pay their accounts promptly. We are now up against the local Grocers—Butchers—Bakers—and Candlestick Makers, who are vociferously demanding payment of their accounts at the end of each month. Since this hospital is run entirely on the money taken in (except for an occasional grant for which we pay—painfully—with Housemaid's knee or a Charleyhorse), we find we just can't produce the money at once as demanded.

Would you please see what you can do about this embarrassing situation into which hospitals are being forced by some of these Arm Chair Executives whose chief problem seems to be to get their feet off the desk in time for dinner!

Sincerely,
_____, R.N., Supt.

Comment: Order No. 225, respecting Consumer Credit and effective February 1, 1943, exempts from these regulations "goods purchased for use exclusively in any profession or business, or in any religious, charitable or education institution or in any hospital." Hospitals are not required to make payments within the time limit stipulated. It will be seen from

these exemptions that the regulation is designed for the primary purpose of reducing domestic and personal expenditures. G.H.A.

"Bouquet for N.S.S."

To the Editor, The Canadian Hospital.

Dear Sir: The Brantford General Hospital has had no problem whatever with the National Selective Service in regard to part-time workers. In fact, we have had wonderful co-operation from our local National Selective Service office on all our problems. There have been times when people have presented themselves to my office and we were in dire need of their services. In such instances, the Selective Service office has sent the forms to me and told me to fill them out, rather than send the worker to their office.

My problem is to find sufficient people to work. The supply of persons who must work for a living and who are willing to do domestic work seems to be exhausted, therefore, we must look for another source. Recently I called a meeting with certain members of our Board, members of the National Selective Service office, our Women's Hospital Aid, the mayor of the city and the press. As a result of this conference, we received considerable publicity and a committee was formed including representatives from various groups in the community—for example the Home and School clubs, churches, Salvation Army, the Local Council of Women, etc. This committee is hoping to enlist the services of women who have never gone out to work before, but who have time to spare. The committee plans to set up a register of these people.

Already we have had some very excellent results. We will get good publicity from the local press and we are planning to this end. For instance, the wife of one of the Board members recently said she would be glad to come up and wash dishes and sweep floors. If we have several women of this type working we will arrange to have a group picture taken

to indicate the work they are doing and this will stimulate other people to enlist.

One thing I think the National Selective Service should do and that is to study the causes of separation between employer and employee, but I presume there is little use studying this unless there are teeth enough in the organization so that action could be taken as indicated in regard to persons leaving the jobs for which they are so well fitted, without just cause.

Sincerely yours,
E. M. McKee, Superintendent,
Brantford General Hospital,
Brantford, Ont.

X-Ray Diagnosis in Small Hospitals

To the Editor:

Dear Sir: Mr. P. E. Hunt, in his excellent paper on "Better x-ray Diagnosis in Small Hospitals," presents some very good ideas of pertinent value to administrators of small hospitals. However I would call attention to the fact that the hospital contemplating the purchase of x-ray equipment would be well advised to consult an experienced radiologist in order to obtain the value of his experience in estimating equipment needs and space areas, as well as the direction of even the very experienced technician which such hospital may be fortunate enough to have.

Further, Mr. Hunt has placed too much emphasis on economy in space as well as equipment, for best results. The size of small hospital laboratory as illustrated is quite meagre, does not permit adequate space for moving either a wheeled stretcher or bed alongside the table for comfort in moving the patient, nor adequate space for baffling of the entrance to the dark room to avoid light fog.

As to the equipment, unless experienced fluoroscopists are available, a fluoroscopic screen and fluoroscopic table affords more hazard, both to the patient and to the inexperienced physician who may use it, than it is worth. It is always wise, also, to purchase a pair of cassettes of any selected size rather than a single one. As to the 11 x 14 films, cassettes and hangers, these are an odd size which

(Continued on page 36)



A LAWYER for law—an architect for plans—and Dustbane for cleaning supplies. Over 30 years specialized experience. Let us write your clean up prescriptions!

Amalgamation of Alberta Hospital Associations Discussed

A joint committee representing the Alberta Hospital Association and the Alberta Municipal Hospitals Association met in Calgary on March 10th to enquire into the possibilities of consolidating the activities of the two associations.

The A.M.H.A. was represented by J. M. Taylor of Hanna and W. Holland and Len. Wilson of Drumheller; the A.H.A. was represented by James Barnes of Calgary, J. M. Findlay of Red Deer and Frank Swain of High River.

We understand that a number of helpful suggestions were made and that a possible basis for an early amalgamation of the Association was drawn up. These recommendations will be presented to the respective Associations at the next annual meeting.

Leonard Goudy Joins Army

Mr. Leonard P. Goudy, general superintendent of the Saskatoon City Hospital since 1938, has been granted leave of absence in order to go on active service with the R.C.A.M.C.

Mr. Alexander Esson, former business manager of the hospital, has been appointed acting superintendent. Mr. Esson is a member of the American College of Hospital Administrators, and immediate past president of the Saskatchewan Hospital Association. Before coming to Saskatoon he was secretary-manager of the Rosetown Union Hospital.

Flowers in Hospitals (Concluded from page 19)

mediately that an all-red bouquet or one with deep orange, such as calendula or a rambler rose plant that spreads in all directions might have a tendency to aggravate the patient's nervous condition.

"Make up a cool-looking bouquet in blue and orchid tints, or a combination ranging from the softest pink to deep rose, with a dash of yellow. Very pleasing to this type of patient is an arrangement of shades of yellow and bronze, as found in snapdragons and *talisman* roses.

"To a very sick person, an intimate little bouquet such as a small bowl filled with sweet peas or rose buds with sprays of lily-of-the-valley, if available, is ideal."

With The Auxiliaries

War Curtails Work of New Brunswick Aids

The Women's Hospital Aid of the Saint John General Hospital was informed at its March meeting that there was no material to be had for the usual sewing of linen supplies for the maternity department. The Aid is anxious to make its customary gift of supplies at this time of year, and will find out if the material can be obtained from the General Hospital's own stocks.

It is also expected that it will be difficult to buy candy for the Easter treat for patients in the Tuberculosis Hospital. Members were asked to make as generous donations from their own resources as possible, and it was decided to give small cakes if the supply of candy prove inadequate.

Guest speaker at the meeting was Major Ernest Green, divisional commander of the Salvation Army, who gave an address on "Citizenship". He urged more interest in social welfare work on the part of responsible citizens. He congratulated the Aid on the part it has played in keeping up the morale of the sick and disabled.

Workmen's Compensation (Concluded from page 17)

tically all the same. There may be a variation of from two to five per cent in detailed legislation, but I cannot better describe their general functioning results than to quote a statement made by Mr. W. F. Dunn, K.C., Chairman of the Workmen's Compensation Board of Saskatchewan, at the 1941 convention of the International Association of Industrial Accident Boards and Commissions of the United States and Canada held at Winnipeg, Manitoba. (See Box Insert.)

The cost of administration to the Boards across Canada range from six to ten per cent of the funds handled. This is exceptionally low overhead expense for administration to take care of your employees in case of accident.

Hospitals throughout the Dominion have been taking care of Workmen's Compensation Board cases and have played a big part in the functioning of the Boards by so doing. Would you not feel a whole lot better to know that your employees in every case would get the same treatment as other industrial and commercial employees, and you yourself have the same protection as other industrial firms are having? This appeal applies more to the smaller institutions than to the larger ones. With this method of protection—big or small—rich or poor—it is the same.

In closing, I would refer to the statement made by Dr. Samuel Lambert, who wrote the prefix to the book, "Merely the Patient", a take-off on the Mayo Clinic, in which he says: "I have often told my students that every physician should have a severe illness, and every surgeon an abdominal operation". If there is any virtue in this maxim, do not wait until YOU have a major accident with heavy judgment pronounced against your institution under Common Law before taking advantage of the benefits provided under the Workmen's Compensation (Accident Fund) Act. You may have some protection now, but is it ALL OUT PROTECTION to yourself and your employees?

Correspondence (Concluded from page 34)

is rapidly going out of fashion and in view of the variations in size from the more standard 8 x 10, 10 x 12, 14 x 17 films, hangers and cassettes, does not offer appreciable value in economy nor are they of greater usefulness in operation.

Yours sincerely,
(Signed) Carleton B. Peirce,
Radiologist-in-Chief,
Royal Victoria Hospital, Montreal.

Comment: In further correspondence with Mr. Hunt he has explained that it was his intention to indicate the *minimum*, not the *ideal*, amount of space which should be allotted to the Department. "This is admittedly meagre, as Dr. Peirce says, but some X-ray departments now in use occupy less floor space than is shown in my sketch!"

Safe · Convenient



SAFER than non-boilable catgut because heat-sterilized *after* the tubes are sealed . . . tubes may be boiled or autoclaved to assure absolute asepsis of their outer surfaces.

MORE CONVENIENT because adaptable to any operating room technic . . . quickly prepared for use, as required, along with instruments or dressings . . . flexibility readily controllable to any degree.

These advantages, always important, assume special significance today when surgical personnel and facilities are under extraordinary pressure.

D & G Claustro Thermal Boilable Catgut

Claustro-thermal Sterilization is an Exclusive Davis & Geck Process
OBTAINABLE FROM RESPONSIBLE CANADIAN DEALERS

Health Centres

(Continued from page 24)

sonable distance and he would select a doctor from those working at the centre.

The doctor would have the right to reject a patient he did not wish to attend. He would work at one centre only.

Medical Staff

The medical staff would consist of a number of principals and assistants. Each principal would have his own list of persons who select him. The principals would attend at the centre at arranged hours just as they now hold surgeries at their private residences, they would attend patients in their homes, consult with specialists, take part in hospital work, and hold sessions for "public health" duties, such as the treatment of school children. Hours of duty would be arranged so that normally each principal would have a reasonable amount of leisure. Periods for holidays and for compulsory regular post-graduate study would also be arranged. A rota would be prepared so that one doctor was always available for night calls or emergencies during the day.

At each centre, there would be a number of assistants, normally junior practitioners gaining experience. The assistants would be appointed to the centre and not to an individual principal. Their work would be decided by the Committee of principals, but in general they would help and dep-utize for the principals. It is estimated that in a centre staffed by 12 doctors at least one would be an assistant.

Local Authority Services

The medical staff as a whole would assume responsibility for the antenatal, post-natal, infant welfare and school medical work which is at present rendered by the medical staff of local authorities. This work, like all other work within the competence of the general practitioner, would be within the "contracts" of the practitioner appointed to the service. . . . Health visitors and district nurses, like midwives, would be based on the centre, and they would assist in all the work of the centre.

Medical treatment of school chil-

Price Trends

(On basis 1926 = 100)

	Yearly Average 1942	Feb. 1942	Jan. 1943	Feb. 1943
Building and Construction Material	115.1	113.3	118.3*	118.3
Consumers' Goods (Wholesale)	95.9	94.9	96.6	96.9
Cost of Living	117.0	115.7	117.1	116.9
(On basis 1935-1939 = 100)				

*Revised.

dren, including the treatment of minor ailments, would be undertaken at the centre probably by one or two members of the centre staff, aided by school nurses or health visitors. Immunization would also be carried out.

Work in tuberculosis, venereal diseases, mental deficiency orthopaedics, child guidance and in other such specialized branches would not be undertaken at the centre nor by the centre staff but at special clinics with specialist staffs.

Conditions of Service of Medical Staff

The terms and conditions of service for both principals and assistants in respect of persons covered by the scheme would be on a nationally agreed basis. A condition would be made that terms of service should not be altered without full and proper consultation with the organized medical profession. Remuneration would be paid directly from public funds and the sale and purchase of practices by practitioners within the scheme would cease. The terms would include provision for superannuation, dependents' pensions and disablement allowances.

Assistants

A practitioner appointed as assistant would hold that post for a speci-

fied period and would receive a salary according to a scale. At the end of that period he would be entitled, subject to satisfactory service, to promotion to principal in either the same or another centre.

Principals

The remuneration of a principal would consist of three parts:

(a) A basic salary with special additions for special qualifications and length of service;

(b) A capitation fee related to the number of persons or families on his list;

(c) Any fees received in respect of services not covered by the capitation fee, whether undertaken at the centre or not, and any salary received for work outside the scope of the service.

Principals' Lists

A principal would accept patients for his list up to a prescribed maximum number. When a principal's post became vacant and a new appointment was made, the persons on the list of the retiring or deceased principal would be invited to choose a new doctor from among all the principals, including the newly-appointed principal; they would be requested to make a definite choice. In this way the new principal would probably begin a list of his own.

Administration

As an organized unit of medical service, the centre should be provided with proper arrangements for internal administration. For this purpose the principals should form themselves into a committee, elect a chairman, and meet regularly to consider all matters affecting the conduct of the centre.



**GET BEHIND THE
VICTORY LOAN**



QUESTION: *Why do you choose canned evaporated milk for use in preparing the formulae for so many of your infants?*

ANSWER: Treatments such as homogenization and heat processing used in the production of evaporated milk alter the physical properties of the proteins so as to produce a soft curd which is easily digested by the young infant (1). Because of the uniform composition of evaporated milk, it is easy to modify the formula as may be indicated by the behavior of the individual infant (2). In addition, the ready availability in all localities, and the economy of canned evaporated milk are important factors contributing to an adequate intake of milk during infancy and later life (3).

*American Can Company, Hamilton, Ontario;
American Can Company Ltd., Vancouver, B.C.*

(1) 1939. Accepted Foods and Their Nutritional Significance, Council on Foods, American Medical Association, Chicago, Illinois.

(2) 1937. American J. Digestive Disease and Nutrition, 240.

(3) 1940. Am. J. Pub. Health 30, 169.

Hospital Housekeepers

(Concluded from page 23)

warm colours into a cool harmony or vice versa, but it is well to remember that there are degrees of warmth and coolness and that it is easier to use a neutralized blue or blue-green as contrast for warm colours than a straight cold blue. This is true also of the use of yellow or orange rather than red in a cold colour scheme.

Colours of light, such as yellow or orange, when very dull, can be used as a background for any colour. Warm colours are best for backgrounds for they seem to advance and unify other colours seen against them, whereas cool colours recede and have a tendency to separate colours seen against them.

Colour Harmonies

Now that we have in mind the basic principles in the use of colour, we can discuss the different kinds of colour harmonies. There are two sources for these. They may be adapted from a beautifully coloured picture or fabric and fitted to a special need or they may be made by combining related or contrasting colours according to the principles of colour use.

The first two standard colour harmonies are derived from related colours. One is the *monochromatic* or *one hue harmony*. In this we use different values and intensities of the same hue. It is best used in small areas such as a rug, for it becomes monotonous when used for a whole room.

Second is the analogous harmony in which we use colours next to each other on the colour chart. It is most agreeable if the colours chosen lie between primary colours rather than on either side of a primary. In analogous colour harmonies colours should always be used in different values and intensities. It is apt to be quiet and restful with more variety than the one-hue harmonies.

The rest of the standard colour harmonies are derived from contrasting colours. Remember that with these it is very important to use the "law of areas".

Complementary colours are more difficult to use than one-hued or analogous colours, but they are richer

and more satisfying especially in large areas. Complementary colours are those directly across from each other in the colour circle. It may be helpful to note that red and green are very difficult to use together. It is more pleasing if red is used with blue green or green with red purple.

Double complementary harmonies are those when two directly adjacent colours and their complements are used. These should be used in a very definite plan. There should be one outstanding colour used in the largest amount but the fullest of them all. The next colour should be brighter but still dull, the third colour used in a small amount and about one-half neutralized, and the fourth colour used for smallest accents may be in or near its brightest intensity.

The split complementary harmonies are combinations of a primary or intermediate colour with the colours on either side of its complement. *Remember that you can't split a primary, so start the colour combination with the primary colour.*

The triad colour harmonies are the combinations of the three colours at the points of an equilateral triangle placed on the colour circle, such as red, yellow, and blue, or green, orange and purple. These are the richest of all harmonies but need the most careful treatment.

Treatment of Walls

With this basic knowledge of colour as a background, it is possible to apply it to the treatment of walls.

Light coloured walls and wood-work make a room appear larger and lighter while dark colours give an opposite effect. Do you have a room which is dark and cold and never gets much sun? Keep your walls in the light, warm colours and they will give the room cheer and the effect of sunshine. On the other hand, cool colours will bring the sense of coolness into very warm or sunny rooms. Light walls may be made to take on warmth or coolness by the colour of shades or curtains through which light comes.

Greyed colours make good backgrounds against which other colours may be seen to advantage. Examples of these are the dusty yellows, greyed

greens, greenish blue greens and dusty pinks. Remember that one may use many different hues for walls but they must always be of *low* intensity.

On the whole ceilings should be lighter than the walls. It gives a greater feeling of spaciousness, also a greater economy in lighting the room. White ceilings are pleasant with cool coloured walls but on the whole it is best to "key" the colours of the ceiling to that of the walls by adding a bit of the wall colour to that of the ceiling.

As far as the woodwork of a room is concerned, it is usually best to call as little attention to it as possible, unless it is beautifully proportioned and placed, which sad to say, it is usually *not*. This is done by keeping the colour of the woodwork near the colour of the walls and background. Rooms badly cut up with walls and doors look less cluttered if the wood-work is the same colour as the walls.

(The balance of the paper relates to the desirability of having more of our colleges develop courses in institutional housekeeping in their Home Economics Departments. A year of internship is suggested and a suggested curriculum outlined.—Editor.)

Gasoline Allowances for Supply House Representatives

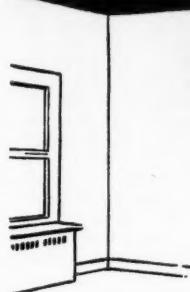
On behalf of the representatives of supply and equipment houses serving hospitals, the Canadian Hospital Council has written to the Oil Controller for Canada, requesting favourable consideration of reasonable requests for augmented gasoline allowances.

It was pointed out that hospitals are peculiarly dependent, in many instances, upon the supply house representative for assistance in servicing equipment which is so often intricate and complicated. These men are often technical experts rather than salesmen. To-day, when new equipment is almost impossible to obtain and old equipment must carry a greatly increased load, breakdowns are more frequent and more serious. Immediate repair of certain equipment is often essential and frequently the motor car is the only immediate means of reaching a hospital, particularly in rural areas.

WALLS DIRTY?

Clean them fast this
easy Oakite way...

AND SAVE REPAINTING!



Now there's no need to overwork hard-pressed help with a paint job . . . nor a need to forego plans to brighten up dull-looking wards, private rooms, kitchens, lavatories or other sections of your hospital or institution. Simply wash down walls, woodwork and ceilings with a quick-acting Oakite material specially designed for this purpose.

Oakite cleaning thoroughly yet SAFELY removes all dirt-holding film . . . brings painted surfaces "back to life" . . . thus postponing need for repainting. Ask our nearby Technical Service Representative listed below for details and demonstration.

OAKITE PRODUCTS OF CANADA, LTD.

Technical Service Representatives:

J. J. FITZSIMMONS 65 Front St. E., Toronto, Ont. Tel. Elgin 7655
G. W. EMPSON 1 Van Horne Ave., Montreal, Que. Tel. Crescent 1143
T. W. DAY 1 Van Horne Ave., Montreal, Que. Tel. Crescent 1143
A. V. CORBIT Base Line West, London, Ont. Tel. Metcalf 2595

OAKITE Specialized **CLEANING**

MATERIALS, METHODS, SERVICE

FOR EVERY CLEANING REQUIREMENT

**Hospitals of Any Size
can purchase
requirements of
Standard Record Forms
at economical quantity
production prices . . .**

WRITE FOR SAMPLES AND PRICE LIST.

Hanger Cards
7 1/4 by 4 1/2 inches
punched, corded; choice
of brown, blue or green.

These titles in stock
"Treatment Being Given"
"Silence Please"
"Patient Sleeping"
"No Visitors Please"

Special cards, one or a dozen or more made to
order by our Embosograf process; choice of
several color combinations; ask for quotations.

**HOSPITAL & MEDICAL RECORDS
COMPANY**

175 Jarvis Street

Toronto, Canada

Results of Extensive Studies of Research on the Use of Bran



X-ray of barium meal in the colon where laxative effect is primarily exerted. Observations indicate that KELLOGG'S ALL-BRAN does not interfere with normal digestive processes in the stomach or small intestines.

RECENTLY reported developments in research as to the mode of laxative operation of ALL-BRAN added to unrestricted and uncontrolled diets are of considerable interest. Evaluations by the use of measuring methods that have been found consistently reliable indicate that:

- When bran is added to the diet a desirable change takes place in the waste material—it becomes bulkier and softer.¹
- Bran exerts its laxative effect primarily in the colon; it does not interfere with normal processes of digestion in the stomach or small intestine.²
- Bran has little effect on the emptying time of the colon when this emptying time is as it should be. But among subjects with a delayed emptying time, bran has a distinct accelerating effect.²
- It is not necessary to control rigidly the quantity of bran eaten, as 2 ounces (double the usual cereal serving) eaten daily does not result in a corresponding increase in laxation.³
- Bran eaten every day for an extended period of time has no adverse effects on normal intestines; its continued use does not lessen or increase its laxative effect.³

1 "Mode of Action of Bran," Journal of Laboratory and Clinical Medicine, August, 1941.

2 "Roentgen Study of Intestinal Motility as Influenced by Bran," The Journal of the American Medical Association, February 3, 1940.

3 "Effect of Long-Continued Consumption of Bran by Normal Men," Journal of American Dietetic Association, April, 1942.

Any or all of these reports are available. Requests for reprints relative to the action of KELLOGG'S ALL-BRAN should be made to
KELLOGG COMPANY OF CANADA LIMITED, London, Ont.

Book Reviews

CHEMISTRY AND PHYSIOLOGY OF THE VITAMINS—By H. R. Rosenberg, Sc.D., Jackson Laboratory, I. E. Du Pont De Nemours. Pp. 674, illust. Price \$12.00. Interscience Publishers Inc., New York, N.Y. 1942.

The author has had many years' connection with vitamin research, first in the laboratories of L. Ruzicka and T. Reichstein in Switzerland, the Swiss Laboratories, and later with the Du Pont people in the United States.

He has given us here a very valuable and comprehensive review of vitamin

research with special emphasis upon the chemistry and physiology of the vitamins. The different vitamins are considered alphabetically. Nomenclature difficulties are clarified and methods for the isolation and synthesis, where applicable, are given. It is essentially a reference authority and deals with the laboratory rather than clinical aspects of the subject.

original volume published in German under the title which could be translated "Your Physician Is Your Destiny".

Dr. Aschner has written extensively on endocrinology and constitutional therapy. This particular volume is written primarily for the laity and expresses his views on a number of health subjects. His book is essentially an exhortation to get back to fundamentals in medicine and to avoid over-specialization and lack of consideration of the body as a whole. He would have us return to bloodletting for a number of cardiovascular and other conditions. He is strongly averse to indiscriminate pelvic surgery and to over-enthusiastic administration of hormones. Whether psychiatrists would agree with his advocacy of emetics for various mental disorders is a matter of conjecture.

He has chapters on arthritis, digestion, surgery, physique and character, rhythm and femininity, and the eye and ear. Much of what he writes suggests the historian and the student of literature rather than the cautious scientist. However, although the book is replete with theories and comments which may be at variance with commonly accepted points of view, the work is full of common sense and should prove very stimulating to the medical reader. Certainly in 300-odd pages he covers practically every aspect of our daily lives. His chapter on the art of prolonging life contains much valuable advice and is perhaps his best chapter.

AUTONOMIC REGULATIONS, THEIR SIGNIFICANCE FOR PHYSIOLOGY, PSYCHOLOGY AND NEUROPSYCHIATRY—By Ernst Gellhorn, M.D., Ph.D., Professor of Physiology, College of Medicine, University of Illinois. Pp. 373 illust. Price \$5.50. Interscience Publishers Inc., New York, N.Y. 1942.

This work is based on a series of lectures given in the School of Medicine of the University of Illinois over a period of years and of active research in physiology with special reference to the role of autonomic regulation. This teaching programme was made possible by the Rockefeller Foundation. After a preliminary review of the anatomical and physiological features, the author deals at length with various adjustment reactions involving the respiratory and circulatory systems, with autonomic-endocrine integration and with autonomic-somatic integration. Various clinical results and applications complete the study.

TREATMENT OF WAR INJURIES—Compiled and distributed by the Medical Department of Merck and Co., Inc., Rahway, N.J. Pp. 60.

This is a handy pocket reference to the newer methods of treating wounds, burns, shock and gas poisoning and of gas decontamination. Much of this material could be considered as equally applicable to industrial and other civilian injuries.

THE ART OF THE HEALER—By Bernard Aschner, M.D. Pp. 306. Price \$3.50. The Dial Press, New York, N.Y. (Canadian agents Longman's Green & Co., Toronto.) 1942. This is an English translation of the

Officers of Manitoba Association of Medical Record Librarians

The following are the officers of the Manitoba Association of Medical Record Librarians for the year 1943:

President: Miss Beatrice Lees, Winnipeg General Hospital.

Vice-president: Mrs. Annette Ruskin, Mount Carmel Clinic.

Corresponding Secretary: Miss Evelyn McGarrol, Central Tuberculosis Clinic, Winnipeg.

Serving Canada's War Production Line

MOUNT ROYAL MONTREAL
VERNON G. CARDY, General Manager

KING EDWARD TORONTO
P. KIRBY HUNT, Manager

ROYAL CONNAUGHT HAMILTON
H. ALEXANDER MULLENAN, Manager

GENERAL BROCK NIAGARA FALLS
RONALD B. FECK, Manager

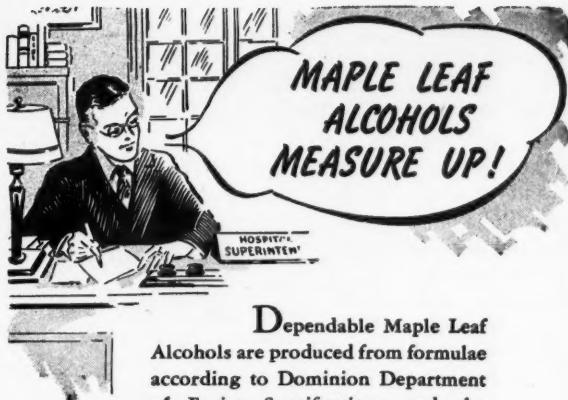
PRINCE EDWARD WINDSOR
HARRY A. PETERS, Manager

CANADA'S ROYAL FAMILY OF HOTELS
DIRECTION: VERNON G. CARDY



MALLINCKRODT CHEMICAL WORKS LIMITED • MONTREAL • TORONTO
PLANT AT LASALLE, QUE.

Quality!



Dependable Maple Leaf Alcohols are produced from formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

These fine products of careful manufacture are tested precisely from raw materials to finished products.

MAPLE LEAF ALCOHOLS Medicinal Spirits, Iodine Solution, Absolute Ethyl B. P., Rubbing Alcohol, Denatured Alcohol, Anti-freeze Alcohol, Absolute Methyl.

**CANADIAN
ALCOHOL**



**INDUSTRIAL
CO. LIMITED**

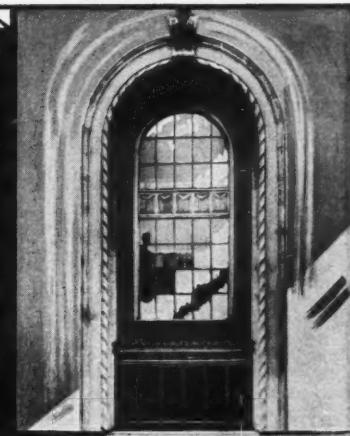
Montreal Winnipeg

Toronto

Corbyville
Vancouver

**HOSPITAL
EQUIPMENT
AND FURNISHINGS**

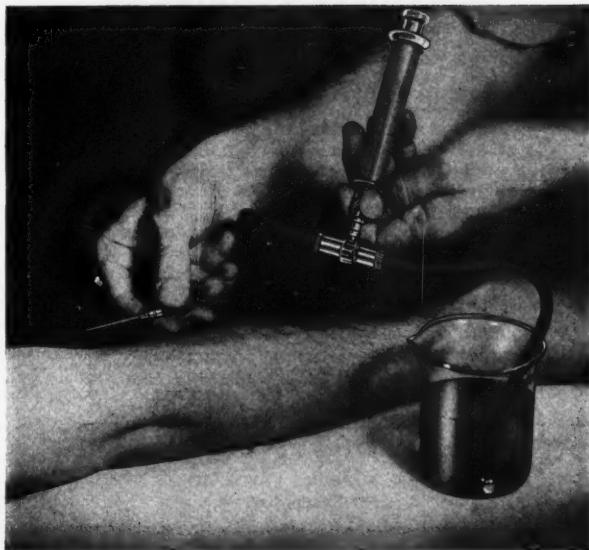
**CONTRACT
SALES OFFICE**
• SIXTH FLOOR •



EATON'S - COLLEGE STREET

PHONE TR. 1257

HIRSCH-ADAMS MULTI-PURPOSE
AUTOMATIC BI-VALVE



FOR USE IN: Transfusions, Intravenous Injections, Pooling of blood plasma, Infiltration, Aspiration, Artificial pneumothorax, Phlebotomy, Irrigations.

• Sidney Hirsch, M.D., New York—Annals of Surgery, February, 1943.

THE HIRSCH-ADAMS Automatic Bi-Valve is an ingenious ball valve device originally designed for transfusion of citrated blood to infants and children. Here it permits the use of narrow gauge needles and cuts the time of transfusion over that required for the gravity feed methods. When the Automatic Bi-Valve is connected with a syringe, pulling out the syringe plunger automatically opens the inlet valve and closes the outlet valve; and conversely, pushing in the plunger automatically closes the inlet valve and opens the outlet valve. Arrows indicate the direction of flow.

When the operation of the Valve is clearly understood, its wide range of utility will suggest itself to you. Standard accessories such as most doctors and hospitals already have are used: Luer syringes, nine inch lengths of thick wall clysis tubing, sinkers, Luer needle adapters and standard Luer needles of various gauges and lengths.

Order from your Surgical Dealer.

CLAY-ADAMS CO. INC.

14 EAST 23rd STREET, NEW YORK, N. Y.



750-bed Addition for Westminster Hospital

Capacity of the Westminster Hospital near London, Ontario, will be increased by 50 per cent on the completion of the 750-bed addition which will be started this month. The buildings, which will cost around \$750,000, will be used for the treatment of neuro-psychiatric cases arising out of the present war.

North Vancouver Hospital Plans 40-bed Addition

Sketch plans have been prepared for the construction of a 40-bed addition to the North Vancouver Hospital. The building will be three storeys in height and will cost an estimated \$115,000 equipped.

Painting by Banting

(Concluded from page 21)

world would never have permitted. But he had taken up wood carving unbeknownst to many of his friends. The well carved walnut chest, humidor and pipe rack, depicting northern scenes or, in one case, the contents of an Eskimo grave, were quite new to many of his friends.

Said Mr. Jackson: "He took a great pride in Canada and in our achievements. He had a sublime faith in our destiny and saw the need of education, research and culture if we were ever to be a nation. He held to the belief that no country can afford to neglect its creative minds. He was generous in his judgments of those he considered great men but had no patience with people of narrow vision or with those who placed their own interests above that of their country.

With Hospitals in Britain

(Concluded from page 25)

more in restoring a man to health than allow him to become a derelict. The fine work at Papworth has shown that a man may even benefit by working normal hours though not so vigorously, rather than be put off work altogether. The Committee cites the experience of the U.S.A. and the U.S.S.R. in support of this proposal. "Particularly noteworthy", they observe "is the 'Altro' Municipal workshop scheme in New York".

The experience at Papworth is that a modified scheme of work is more acceptable than one of part time which gives them a sense of inferiority.

Mental Hospitals

Finally the Committee have noted the same increase of mortality from tuberculosis among patients in mental hospitals as was observed in 1914 to 1918. They add: "It should be noted that although the trend is similar to that in the last war in a *relative* sense, the *actual* deaths involved are much less, being about one fourth of the figure of twenty years ago." The causes for this state of affairs have not been easy to determine, as insufficient dietaries, to which it was thought last time to be mainly due, are not the cause on this occasion.

Again there seems to be a subject awaiting further research. Unfortunately, while the conditions last it is not possible to find men with the time to undertake it and when this experience is past, we may hope that it may not occur again with its painful legacy of tuberculosis among the other ills in its train.

G & W ALCOHOLS

are still at your service

Special Denatured
Completely Denatured
Anhydrous } ALCOHOL

**GOODERHAM & WORTS
LIMITED**

Industrial Division

2 TRINITY ST., TORONTO

Quebec Distributors:

EGAN-LAING LTD., 437 Mayor Street, Montreal

We'll be glad to take care of
your requirements.

TO TEMPT THE APPETITE OF...

CONVALESCENTS

SUGGEST RENNET-CUSTARDS

Often it is a problem to include foods in the diet which appeal to a convalescent appetite, and at the same time are easily digested and nourishing. Rennet-custards made with the 6 flavors of "JUNKET" RENNED POWDER provide dozens of delightful variations, and often are the means of adding important nourishment.

FREE Ask on your letterhead for our new book, "Dietary Uses of Rennet-Custards," and for samples of "Junket" Food Products.

"JUNKET" RENNED POWDER
6 Flavors—Packed in institutional and household sizes.

"JUNKET" RENNED TABLETS
Not sweetened or flavored

"THE 'JUNKET' FOLKS"
CHR. HANSEN'S LABORATORY
Toronto, Ont.

"JUNKET"
TRADE MARK
RENNED POWDER



Clump Clump? OR Pit-A-Pat?

• Heavy labored tread—or the pit-a-pat of busy, scurrying footsteps—it's all the same to Armstrong's Asphalt Tile. Day in, day out, year after year it stands up to service with a smiling brilliance. Wear at doorways and at much used spots cannot mar its beauty for its harmonious colours go through from top to bottom. Easy on the feet, too, and, just as important, easy to keep clean—



"Let us give you the facts"

**ARMSTRONG CORK
& INSULATION
Company Limited**

MONTRÉAL
WINNIPEG

TORONTO
QUEBEC

APRIL, 1943

"Tell me, Doctor..."



Is there any antiseptic which will really kill germs without harming human tissue?"

TODAY, you may answer this question with a confident "Yes", for 'DETTOLE', the new British Antiseptic, kills germs fast, yet won't hurt human tissue.

Every day Canadian doctors are using 'DETTOLE' in the surgical and maternity wards of leading Canadian hospitals and are prescribing 'DETTOLE' in private practice. You can safely recommend 'DETTOLE' as an all-purpose antiseptic. 'DETTOLE' has a phenol coefficient of 3.0. It does not even hurt on application to open wounds and it is absolutely safe for home use.

'DETTOLE' Antiseptic Offers ALL These Qualities:—

- A powerful antiseptic
- Gentle to human tissue
- Does not sting like iodine
- Non-poisonous
- Non-staining
- Agreeable odour
- Concentrated — economical in use

Reckitt & Colman (Canada) Limited
Pharmaceutical Dept., Montreal



'DETTOLE'
(TRADE MARK)
THE MODERN ANTISEPTIC

STERLING GLOVES

Featuring

Year 'Round Dependability

Specialists in
Surgeon's Gloves
for Over 30 Years.



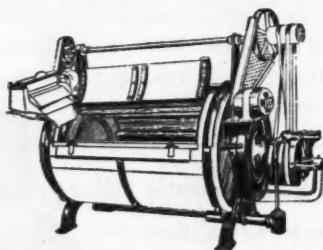
STERLING
RUBBER CO.

— LIMITED —

GUELPH - ONTARIO

The STERLING trade-mark on
Rubber Goods guarantees all that
the name implies.

These EW-WASHERS are made in Three Sizes



All are equipped with their own large safety wringer—rolls 14" x 2 1/4"—and Electric Motor to operate both Washer and Wringer.

No. 1EW Washer has an inside cylinder of 30" by 32" and has a capacity of 36 lbs. of clothes.

No. 2EW Washer has an inside cylinder of 30" by 40" and has a capacity of 45 lbs. of clothes.

No. 3EW Washer has an inside cylinder of 30" by 48" and has a capacity of 55 lbs. of clothes.

The Cylinders and outside casing are made of Douglas Fir—2" thick.

Lowest Prices and Easy Terms

J. H. CONNOR & SON LIMITED

10 Lloyd Street, OTTAWA, ONTARIO

Branches:

WINNIPEG MONTREAL
242 Princess Street 423 Rachel Street
Agents: J. R. H. ELIAS,
0912 Sunnyside Blvd., Calgary, Alberta

Index of Advertisers

APRIL, 1943

Abbott Laboratories, Limited	33
American Can Company	41
Armstrong Cork & Insulation Co. Ltd.	47
 Bauer & Black, Ltd.	31
Baxter Laboratories of Canada, Ltd.	7
 Canada Starch Co., Ltd.	6
Canadian Hoffman Machinery Co., Ltd.	IV Cover
Canadian Industrial Alcohol Co., Ltd.	45
Canadian Laundry Machinery Co., Ltd.	II Cover
Clay-Adams Co., Inc.	45
Connor, J. H. & Son, Ltd.	48
Corbett-Cowley, Ltd.	III Cover
Crane, Limited	12
 Davis & Geck, Inc.	37
Department of Finance	9
Dominion Oilcloth & Linoleum Co. Ltd.	8
Dustbane Products, Ltd.	35
 Eaton, T. Co., Ltd.	45
Effervescent Products Inc.	11
 General Electric X-Ray Corp.	3
Gooderham & Worts, Ltd.	46
 Hospital & Medical Records Co.	43
Hygiene Products, Ltd.	4
 Ingram & Bell, Ltd.	9
Junket Folks Company	46
 Kellogg Co. of Canada, Ltd.	43
 Malinckrodt Chemical Works, Ltd.	44
Mount Royal Hotel	44
 Oakite Products of Canada, Ltd.	43
Reckitt & Coleman (Canada) Ltd.	47
 Smith & Nephew, Ltd.	10
Stearns, Frederick & Co. of Canada, Ltd.	5
Sterling Rubber Co., Ltd.	48
 Victor X-Ray Corp. of Canada, Ltd.	3
 Wood, G. H. & Co., Ltd.	39-40